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## Original Articles.

### GOITER.\*

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In the practice of every internist as well as in the practice of the surgeon, goiter is met with sufficiently often to justify a discussion in a general meeting like this.

Since one single hospital has found over fifteen hundred which needed operation—another surgeon having operated eleven hundred cases; another surgeon reporting three hundred operated cases, we would seem to have ample justification in getting as large an understanding of the disease as is possible.

Because the disease has been so prevalent in mountainous Switzerland the teaching for a long time was: that the mountainous regions were in some way responsible for the enlargement of the thyroid. In view of later experimentation it is believed that some form of amebic infection of the intestines or some intestinal parasite found in the water supply is the causitive agent.

McCarrison, carrying on an investigation in Kilgit, Kashmir, gave to thirteen individuals, including himself, suspended matter which had been removed by filtration from supposed goitre producing water. Four of the members, including McCarrison, developed enlarged thyroids in from thirteen to fifteen days. A second experimentation with eight individuals given suspended matter from the same water which had been boiled for ten minutes proved entirely negative. In the first test practically one-third developed goiter inside of fifteen days; in the second test not one showed goiter—indicating that some specific micro-organism was present in the first experiment which by the boiling process was rendered innocuous in the second experiment.

The statistics of the Swiss government show that one-sixth of the recruits are disqualified for military service by goiter; that in the town of Rapperschwyl in 1885, fifty-nine per cent of the school children had goiter—that with the installation of a pure water supply in the same year the percentage has gradually been reduced until in

\*Read before the Mahaska County Medical Society, at Oskaloosa, January 16, 1912.

1907 there were only two and one-half per cent of goiterous children and these came from families which persisted in the use of contaminated water.

Hapsburg, Switzerland, has had practically the same experience as has Rapperschwyl quoted above.

MacCarty of Mayo hospital believes that goiter may be a process of reversion to some former function. He says: "The stimulus causing the hyperactivity may be the same that caused the hyperactivity in primitive man. This stimulus was then probably a normal stimulus to the gland just as we have normal stimuli for glandular activity in man in his present condition. It may still be present in the food or water, formed through some process in the intestine or in the metabolism of the body, or it may exist in the air." But the practical experimentation with pure and contaminated water would seem to disqualify MacCarty as a witness.

In the United States we have no statistics, neither as to numbers nor location. No experiments have been systematically carried out; no statistics of any kind except the statistics pertaining to those cases which have presented themselves for operation in the largest clinics. In these clinics the study of the pathology of goiter has been of very great value but the study of the etiology has been of but little or no value.

The normal thyroid is composed of alveoli lined by one layer of epithelium. It secretes a substance, thin and unstainable—"iodothyroglobulin" and contains a partially non-absorbable substance known as Colloid, which is a retention complement change occurring in the secretions retained in the vesicles. In the "Cystic Goiter" the alveoli are enlarged and filled with Colloid—absorption not having progressed as rapidly as secretion. This is the "simple goiter," and produces no symptoms other than pressure, deformity, neuralgia and hoarseness. This is the goiter that we encounter most often. //

The thyroid may be only slightly enlarged with a small amount of colloid accumulation or it may be very greatly enlarged with a great deformity and large quantities of colloid; in no case, however, are there any marked symptoms other than pressure symptoms—no great disturbances in metabolism, no nervous symptoms, no tachy-cardia, no dilation of the heart. Such patients often get decrease in size of tumor from local applications of iodine and from the internal medication of iodine or thyroid extract, the two stand-bys for goiter internal treatment. These patients are also good candidates for operative procedure. They readily withstand the shock and loss of blood, because constitutionally they have been injured but little by the goiter. In most of these cases a resection of a portion of gland is the operation of choice

with very little destruction of healthy glandular tissue. In some instances the alveoli are all enlarged, the connective tissue having largely disappeared—the secreting epithelial layer largely destroyed and lost its function, but little or no true glandular structure remaining; in such cases an extirpation of the mass may be the operation of choice.

In the papillary type of the cystic goiter—papillae project into the alveoli increasing the secreting surface of the epithelium, and in some stage producing symptoms of hyperthyroidism which will be described under so-called exophthalmic goiter.

Adenomatous growths in the fetal thyroid produce a type known as fetal adenomata. They are adenomata developing in the substance of the fetal thyroid, are generally encapsulated and can easily be shelled out. This type may not produce any symptoms other than those of pressure.

The exophthalmic type is the goiter which should claim our most careful study. Because of its many symptoms, the severity of the symptoms and the necessity for proper procedure before metabolic changes have taken place which destroy life or usefulness of the patient. Too many physicians are still using iodine in these cases which accomplishes nothing better than to produce strong adhesions between the fibrous capsule of the thyroid and the thyroid proper, making it much more difficult of operation if patient comes to operation.

There are many cases of hyperthyroidism which recover without treatment of any kind, but in those cases which persist, there is only one treatment and that should be administered before the patient is moribund. In exophthalmic goiter or hyperthyroidism (the term which I shall use hereafter because in many cases of hyperthyroidism there is no exophthalmos) there is an *excess of secretion and an excess of absorption*. This is the distinguishing feature between goiters of this class and all others. There may be enlargement of gland or may not be. There may be very great enlargement of the gland but most of the tumor is due to colloid, a non-irritating, non-injurious substance. The tumor may be of a papillomatous nature and still show excessive secretion and excessive absorption—the two processes essential to hyperthyroidism. There must be hyper-secretion which is not sufficient, there must also be hyper-absorption, then we will always have the resultant, *hyper-thyroidism*, whether there is any exophthalmos present or not.

The symptoms which attract one's attention in hyperthyroidism are; rapid heart and nervousness without any change in the heart muscle perhaps. There may be extreme exhaustion and excessive nervous twitchings. There may be enlargement of the thyroid gland, exophthalmos, dilated heart, gastric crisis, the vomiting continuing for sev-

eral days at a time, and loose bowels. But these latter symptoms are only to be seen in the later history of the case. The pulse rate will often be from one hundred twenty to two hundred, the surface warm, the capillaries distended and but little blood current in the larger veins. This is the picture of hyperthyroidism and operation is the only treatment.

The pathology of the gland always shows an excessive blood supply in thyroid disease, except myxedema; therefore, the treatment of all goiters except where there is a lessening in secretion as in myxedema, should be to lessen the blood supply. This is sometimes done by simple ligation of the superior thyroid arteries and veins and in many cases this is sufficient to produce a cure. In the advanced cases which are unfit to withstand operation, ligation first on one side and in one or two weeks on the opposite side, is not only the operation of choice, but of necessity. Ligation can be done under local anaesthesia.

Another method of lessening the blood supply is in the introduction through the gland substance of purse string sutures including in the purse string all the blood vessels possible. A. Werelius has used this method successfully except that he ties the superior thyroid vessels either through the substance of the gland going through the pole or first tying the vessels entirely outside of the gland. Where the patient is in condition to tolerate the larger operation of tying off all the large blood vessels and resecting the gland or a portion of it, this should probably be the operation of choice; as following the ligation method it is sometimes necessary to do the more complete operation later.

The parathyroids are four in number; two are sufficient to the work, whatever it may be, that is arranged for them, but it is essential that they not all be removed; for in every instance the patient will develop tetany. If they are removed accidentally they can be transplanted and continue to functionate. They have been transplanted into the abdominal wall and continued to accomplish their function from that site.

The thyroid gland was developed from the thyro-glossal duct. The remnant of the thyro-glossal duct runs upward from the isthmus and along this is sometimes formed an extra lobe, the pyramidal lobe, and sometimes along this lobe irregular masses appear, called accessory thyroids, these develop also from the thyro-glossal duct. In operating one should know these facts, as they are sometimes encountered in operating and are not described in the general anatomy of the thyroid.

#### Operation.

In operating it is essential to know the anatomy. The saying of the old school surgeon, that "He cut right down through all the Latin names until he came to the gut" won't do in thyroid surgery.

The Vascularity of the gland is greatly increased in hyperthyroid-

ism and in most other forms of goiter. The superior thyroid artery and vein; the accessory veins which penetrate the gland through the fibrous capsule; the thyroidea ima artery entering the isthmus; and the inferior thyroid artery and vein are all enlarged; and are all essentially important in that they must be recognized and doubly tied.

With the superior thyroid it is essential that it be tied without including any muscle fibres in the ligation. If muscle fibres are included; when the patient turns his head from side to side following the operation, even two or three days after operation, the muscle fibres may be pulled out of the ligature and secondary hemorrhage occurs. The Mayo's lost a few cases in this way.

In tying the inferior thyroid artery the recurrent laryngeal nerve must be recognized. The two lie in very close proximity and without the greatest care the nerve may be included or injured; an accident very serious in its consequences.

The preservation of the parathyroids, the precaution in ligating the superior thyroid artery and vein, not to include any foreign substance, especially muscle fibres; the careful tying of the inferior thyroid artery so that the recurrent laryngeal nerve may not be injured are the "Battle Cry" in thyroid operations.

In a few words only I will outline the technique of operation. An incision is made transversely in crease of neck from outer border of sterno mastoid muscle one side to a like point on opposite side. This incision is deepened through the platysma myoidea muscle. In the median line of the neck a deep separation is made in the dividing fascia. Then a finger is inserted under the sterno-thyroid, sterno-hyoid and omo-hyoid muscles and they are cut across, exposing the outer, or fibrous capsule of the gland. This gland is split and dissected back by blunt dissection tying off the accessory veins as they appear. The upper pole of the gland is drawn upon, the superior thyroid artery and vein are located and tied in two places and cut between. The gland is withdrawn further and the inferior thyroid artery felt as it enters the lower pole from the deep muscles of the neck, this is ligated and cut; then the thyroidea ima artery entering the isthmus from below is doubly tied and cut. The isthmus itself is now clamped with heavy clamps and clamps removed and then a strong ligature thrown around the entire isthmus and the isthmus is cut.

The next step must be very carefully done—viz: separating the gland from trachea and cricoid cartilage. Respiration must be watched and the recurrent laryngeal nerve must not be injured. Leaving a thin portion of the gland might be better if the gland is healthy. The tumor removed, drainage is inserted for twenty-four hours; the capsule is sewed, the muscles replaced and joined, the skin closed and the operation is completed.

In many instances, of course, only a part of the gland need be removed depending upon the pathology and the exigencies of the case.

## THE IDEAL LABORATORY FOR THE GENERAL PRACTITIONER\*

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The physician in general practice, until very recently, has had no laboratory unless one would so name the small equipment necessary for the chemical examination of urine which generally consisted only of a wine glass and a bottle of nitric acid with perhaps a couple of test tubes and Fehling's solution. In other words, he was satisfied to merely know whether albumin or sugar was present or absent. If he needed a sediment examined he sent it away to some laboratory, or as was too often the case he had no examination at all. The previous poorly equipped medical school laboratories were responsible for this state of affairs. However, with the general increase in medical knowledge and with the more scientific methods of teaching, conditions are improving. The younger men going out from medical schools today are better equipped, and are using to a much greater extent than ever before laboratory aids; and the public have become better educated along these lines and demand that physicians have all the known laboratory tests applied.

The practitioner who graduated some years ago, unless he has done post-graduate work now works at a disadvantage, as he must depend on others for his laboratory aid. This disadvantage can be seen in several lights; first, his diagnosis in many cases may be thus delayed; second, the patients soon learn that he has to refer such things to others; and third, he is not trained to fully appreciate and make use of all the latest diagnostic aids. I am sorry to say that there are yet many men practicing medicine in this country who have never accepted the truth that bacteria may be the inciting cause of disease. Starting with these premises would you expect such a man to submit cultures for diagnosis in suspected cases of diphtheria? //

On the other hand, I am proud to say that the great majority of the profession have kept themselves well up with the advances of scientific medicine, by reading their medical journals and by attendance on medical meetings of various sorts. Also a surprisingly great number every year journey to the various post-graduate schools and renew their knowledge. Still the man with a large general practice has very little time to devote to this sort of thing.

You young men are not starting out with this handicap, but are leaving your school with the best and latest technical laboratory training. You not only know the technique of the various laboratory tests,

\*Read before the Middletonian Medical Society, State University of Iowa, February 14, 1912.

but, what is far better, you know fully the necessity of using them and possess the power of appreciating just what is to be gained from them—as well as to their limitations. The time is now at hand when one can no longer afford to start practice without a sincere resolve to use every known means for his patient's good. W. W. Anderson, M. D., speaking before the Kentucky State Medical Association, on the "Medical Ideals for the Every-day Doctor," says:

"There is a call to higher things and eager men will hearken, earnest men will hear, and honest men will heed. It is heard in the voice of scientific medicine, whose every established truth is a prophecy of good to humanity that pleads for fulfillment. It speaks in tones of the healing art as she asks that the most beneficent task ever intrusted to human hands be well done. It comes to us in the world-old and ever-present cry of human need. It makes its mute appeal from the silent graves of the untimely dead that ask of us their rightful years cut off. It challenges us in the words of Him who said, 'What do ye more than others?' It upbraids us with the dupes of quackery, 99 per cent of whom have slipped through our hands unhealed and unsatisfied. It stirs in the life of every man whose heart throbs with the joy of battle and whose mind is uplifted by the power of the ideal. What shall be the response of the profession and especially of the every-day doctor?

If we are to share in the conquests that await the advance of scientific medicine, it is necessary that we be equipped with broader knowledge, surer skill and riper wisdom. The physician is in need of a broad general knowledge of the whole of medicine. Only so can he escape the egregious blunders that grow out of narrowness of training or experience. Disease is not so exact in localizing itself on its manifestations as to warrant exclusive specialism. Every one of us should be able to see and understand far more than we can do. We may not be able to make a blood-count, or handle the x-ray, or use the cystoscope, or analyze the stomach contents, or remove an appendix or definitely determine a heart lesion, but we should know the principles on which each of these procedures is based, the field of usefulness of each, and the man who can do the work; and that man ought to be within easy reach."

Thus speaks a man of large experience to an association of men who have not had your opportunities. Such a man knows what is needed. With this at hand how can you fail to so equip yourself that you will be the man who can and who is at hand.

Perceiving the need of a laboratory let us in a brief way see what would be the ideal laboratory for you to have. You may not want it all, but pick out what seems best needed in the community in which

you are to reside, and perfect yourself in the use of each laboratory test that you intend to be fitted to apply. One certainly needs to have a microscope. In fact, one cannot, today, afford to start practice without one, for the mere fact that one has a microscope, knows how to use it and does use it, gives a high standing in any community today. I shall endeavor in this paper to outline in a merely general way what the sort of equipment I shall propose will cost. The kind of a microscope that you obtain will depend on only one factor—the amount of money that you can put into it. The best costs about two hundred and fifty dollars. For about seventy-five dollars one can be obtained that will do as good work as is necessary. I would not advise getting one without oil immersion lens and Abbe condensor.

The uses for a microscope in your practice will be manifold. Too many to be fully enumerated, and known perhaps, as well by you as by me—yet I am going to take your time to mention some of them. The examination of urinary sediment will be likely to call for its most frequent use, next the examination of throat smears, and then, in somewhat their order of frequency; for blood smears, smears for gonococci in acute and chronic urethritis, smears of sputum for tubercle bacilli and pneumococci, pus smears for various organisms, for the searching for the spirochaete pallidum, for fungi as the various forms of tinea, for parasites or their ova as in scabies and in various intestinal affections, and for many other various sorts of bacteriological and pathological examinations.

It is surprising how easy it is to fall into the habit of making blood, sputum and urinary examinations part of the regular routine when you have the equipment. The great proportion of the cases you will get in private practice will differ from the ones you see in the hospitals in that they are more vague. Hence every help you can get towards a correct diagnosis must be taken advantage of in order for you to make good not only for yourself, but also for your patient.

With a microscope one has to depend on the state or municipal laboratory for but one thing, viz., the release from quarantine of a case of diphtheria. Perhaps the time will come when that will not be necessary, but before that time does come, various standards will have to be raised. Having our microscope and using it for the various things already mentioned, how else can it serve us? After obtaining a good pathological foundation why should you proceed to forget it? Why not make yourselves independent of the public or university laboratory still further by getting a microtome, so that you can, at first hand, do your own surgical diagnosis in new growths, etc.

A microtome for the cutting of celloidin embedded tissue can

be bought for from five dollars and upwards to about a hundred dollars. The cheaper ones do very good work and one soon gets expert in their use. The five-dollar one will cut sections down to ten microns, which is thin enough for ordinary diagnostic work. Strops, hones, and knife holders make a further cost of about a dollar apiece and upwards. The accessory reagents are inexpensive and their cost varies entirely with the amount used which means the amount of work done.

You can also do much bacteriologically. Incubators cost from nineteen to two hundred and fifty dollars. All are self-regulators as to temperature. The lowest priced one is small, but is amply large enough to allow for a great deal of work being done. If a man is ingenious, he can make his incubator. Many farmer's boys have made first-class ones for hatching eggs, and the two varieties differ in not so great a degree. J. H. Schrup, M. D., of Dubuque, Iowa, describes in the *Journal of the American Medical Association* of January 27, 1912, how he uses an ordinary vacuum bottle with great success. With any sort of incubator you can in a few hours incubate your diphtheria cultures, make your diagnosis and save perhaps several days loss of time in diagnosis. You separate your bacteria and quickly have material from which you or others can make vaccines. The vaccines, in certain special infections, are becoming more and more the proper treatment, so duty compels one to use them.

If you are planning to do any surgery at all you must have a sterilizer for your instruments, dressings, etc. The cost of an Arnold steam sterilizer varies from five dollars for the small size to much more for the larger ones. This piece of apparatus will also do to sterilize all of your bacteriological paraphernalia as well. Unless you are planning to do a large amount of culture work, it is perhaps better to buy your media rather than to make it as it is prone to dry when kept very long. In either case the cost is very small. A centrifuge is necessary for urine work, and for milk examinations and can be purchased for from five to ten dollars.

Having covered the larger pieces of apparatus, I will go briefly into some of the other things that are just as necessary, but much less expensive. Of course, you must have the necessary reagents and glassware for qualitative urinalysis together with a couple of burette tubes for quantitative work. A blood counter is necessary nowadays, and costs about fifteen dollars. It is also used for making dilutions such as for the Widal test. Various beakers, flasks, test-tubes, tube-racks, microscope slides and coverglasses, filter paper, graduates, pipettes, and bottles are necessary for all the tests proposed, but they may be acquired with very little outlay.

There are so many tests that will be done in a laboratory fitted up as already dwelt on that the list can be almost indefinitely prolonged. Such tests as the examination of stomach contents, feces, milk and water, can all be done without any further expenditure. Such tests as the Wasserman or Noguchi's modification of the same, require such an amount of time and technical training that they are impractical for the general practitioner. Scales and blood pressure apparatus are demanded of their examiner's by many of the old time insurance companies today; but I consider that they are more a part of the office equipment rather than of the laboratory.

A laboratory such as I have described may be established for an initial outlay that is much smaller than one would at first imagine, and its upkeep is not very great. One should have some sort of a small room in which there is a good sink and running water, and which has good light to work in, but this is always at hand.

With this sort of a laboratory if you settle where there are other men practicing, will be a source of income from the start; for many of the older men will be glad to have such an aid near at hand, especially if they learn that they can absolutely depend on your results.

I trust that this talk will not seem at all visionary to you, and I hope that you will find some good in it. I appear before you not only in the role of a laboratory teacher, but also as one who knows the needs of the general practitioner from a fairly extensive experience in a small town.

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#### SALVARSAN IN PARESIS.

Eight selected cases of paresis in its early stages treated with salvarsan are reported by E. H. Trowbridge, St. Joseph, Mo., (*Journal A. M. A.*, March 2). In all these cases the Wassermann test was positive and in the majority remained so during or after the treatment, the results of which were uniformly negative. The author says if these cases are to be taken as examples of the salvarsan treatment in paresis, it would be more humane and life-saving to dispense with it. In his opinion there is only one way to stamp out paresis, and that is by prophylaxis.

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A felon should be aborted by covering the end of the finger with cotton saturated with alcohol, and then excluding the air by drawing over all a rubber finger cot.—*American Journal of Surgery*.

## TUMORS OF THE MAMMARY GLAND.\*

A. P. STONER, M. D., DES MOINES, IOWA.

As in every other situation of the body, breast tumors may be classified as benign and malignant. Almost every form of tumor may occur in the breast; many, however, are so rare that they become almost a negligible quantity. Lipoma, angioma, chondroma, sarcoma, and myxoma, may be mentioned as being in the rare class. The great bulk of benign tumors found in the mammary gland belong to the fibro-epithelial type. Warrens classification (*Journal A. M. A.*, July 15, 1905), divides this type into two classes (a) fibrous, (b) epithelial, according to the preponderance of the kind of tissue. The epithelial variety possesses a much greater predisposition to malignancy than the fibrous, and hence this distinction is of great clinical importance. The connective tissue predominates in the fibrous type and it is thought to have its origin in the fibrous tissue immediately surrounding the ducts of the glands, and have been called by Warren, "periductal tumors."

Greenough and Simmons have recently tabulated 44 of these cases, which were taken from the operating rooms and laboratories of the Massachusetts general hospital (*Annals of Surgery*, October, 1911). Their study of these cases is classic, and very interesting. Twenty-seven of the 44 cases, were of the periductal type of fibroma; 20 were single, and 7 multiple. In size they varied from a small marble, to that of an orange. Right and left breasts were affected equally. Sixteen of the 27, were in the outer hemisphere, as against 8 in the inner hemisphere; and 13 in the upper, against 8 in the lower. Two occupied a central portion. The contour of these tumors is irregularly rounded and lobulated. When small and deeply seated they may resemble a cyst. Cysts do occur within these tumors, but are usually of small size. The larger tumors are densely hard. All of the periductal fibromata are distinctly encapsulated. They can be freely moved about within the gland, and are not attached to the fascia beneath or to the skin above. These tumors are common to young women, 20 to 30 years of age, and the majority occur in unmarried women. Their growth is slow and usually painless. Any tumor of the breast becomes painful only when during its progress of growth, it impinges upon sensory nerve filaments. Cancer is no exception, and therefore, it does not produce pain during the early period of its growth. Eleven of the above group of cases were of the epithelial variety, and 6 belonged to the class of periductal myxo-sarcoma, otherwise known as cysto-sarcoma, adeno-sarcoma, etc. These tumors are not to be con-

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fused with true sarcoma, which is one of the very rarest growths found in the breast; their relationship, however, must be very closely allied with malignant sarcoma. They occur in later life—36 to 53 in Greenough and Simmons cases—and are thought to be a periductal fibroma, advancing or degenerating into a malignant tumor. The epithelial type, otherwise known as fibro-cyst-adenoma, likewise, has a distinct capsule, and otherwise resembles in their gross appearance, the periductal tumors. Clinically, it is not possible to differentiate this form from the periductal type. The age incidence is the same; the rapidity of growth, which is slow in both, is the same; and in none of those tumors, including the sarcomatous type, do the axillary gland become involved. Another common type of tumor, is that of interstitial mastitis, with atrophy of the gland tissue, and the formation of dense contracting masses and nodules of fibrous tissue in the breast. Rodman and others, believe this affection to be identical with chronic cystic mastitis, or what Warren calls abnormal involution. Both types appear at about the menopause, and their clinical characteristics are similar. When cystic processes have formed, various sized cavities are found, ranging from a pin's head to a pigeon's egg, and filled with clear, colorless, or brownish fluid. The process may develop at any age after puberty, and appears to be more common in women who have borne children, but have not nursed them. To the finger tips, the disseminated nodules may feel like buckshot, being very hard; pressure upon the mass may cause the escape of colored fluid. The mass is seldom if ever adherent to the skin or deep fascia, therefore, it will move independently of the breast.

In both types, cancerous degeneration is frequent. Various authors placing the percentage at from ten to fifty per cent. On this account, most authorities are advocating amputation of the breast; while Rodman, Bloodgood, LaPlace and some others, are removing the pectoralis muscles and axillary glands, as in cancer operations. The advanced ground assumed by these advocates in the treatment of near cancer, is just now calling out a reactionary attitude among a number of prominent surgeons. Dr. W. S. Thorne, in an article which appears in the current issue of the Journal of the American Medical Association, February 17, 1912, entitled, "Elements of Error in Statistics of Breast Amputations for Cancer," condemns in strong terms, the radical removal of the breast, irrespective of malignancy. A few eminent surgeons, among whom may be mentioned Murphy of Chicago, no longer deem it necessary to remove the pectoralis major and minor muscles in cancer operations. The writer is by no means convinced however, that such practice should receive encouragement, for if such conservative methods were adopted by the rank and file of

operators, there is little doubt but that the results would soon be marked by a slump in the percentage of cures, comparable with those of Gross and Banks, of 30 years ago.

The work of these surgeons, in its thoroughness and wide dissection of the breast tissue, would compare favorably with that of the foremost surgeons of today, but they did not remove the pectoralis muscles, and their dissection of the axilla was therefore very incomplete. Nevertheless, their percentage of cures amounted to over twenty-one per cent. It could hardly be expected, however, that the average, or, let me say, the occasional operator of today, could obtain such good results as this, if handicapped by the pectoralis muscles. A complete dissection of the glands, and gland-bearing tissue of the armpit is a very difficult procedure, unless the muscles be divided. Moreover, one or more lymphatic vessels pierce the major muscle, and besides, glands are often found between the muscles. The writer therefore, favors the radical removal of all breast tissue, with a wide skin incision, together with the pectoralis muscles, axillary glands and fat, in all cases of demonstrable cancer. The majority of the cases of cancer are easily diagnosed when first seen by the surgeon. The saddest of all things, however, is that too many of these unfortunate women are already beyond the stage, when even the most radical removal of the affected parts will suffice to cure. Nor is the family doctor to blame for this seeming neglect, for oftentimes, the matter has but recently been brought to his attention, for it is a notorious fact, that many women keep their condition secret from their family and friends until pain or other distressing symptoms appear, and only confide in the family physician after perhaps the adjacent glands have become involved, and by the time an operation is finally agreed upon, it is, alas, too late for effective surgery. It is singularly true, I believe, that many women there are, who would not hesitate to seek professional advice for some trivial pelvic trouble, will suffer in silence with an affection of the mammary gland, rather than divulge her condition.

Not always, is early cancer easy of clinical demonstration. Practically every authority, however, is agreed upon one thing, namely, *that all neoplasms of the breast, benign and malignant, should be removed.* In these days when laboratories abound; if there be doubt as to the character of a growth, no operator can be excused for not ascertaining its true nature after removal; and if what was thought to have been a harmless tumor, is upon microscopic examination, found to be undergoing malignant changes, the radical operation may then be done.

In this paper, attention has been directed only to two types of benign tumors, namely, (1) the fibro-epithelial tumors; (2) abnormal

involution changes, which usually show cystic processes. All other types of tumors are purposely omitted, for the reasons of their rarity, on the one hand, or their commonness and ease with which diagnosis may be made, on the other. Galactocoele and mammary abscess, occur in nursing women, the diagnosis here is self-evident, and cancer seldom appears at that time. In syphilis, there is a history of lues; and specific treatment will quickly determine its true character if the tumor be a gumma. Tuberculosis, while being rare, usually gives a history of tuberculosis elsewhere in the body. Any freely movable tumor within the breast may be cancer, but if so, is always early cancer; for cancer by infiltrating the surrounding tissues soon attaches itself to the integument above and fascia below. This involvement of the integument, causing retraction of the skin or nipple, has become a classic symptom of cancer; however the disease exists for a considerable period before the superficial tissues and adjacent lymphatic glands become involved.

Our aim, therefore, should be to attack all neoplasms of the breast at the earliest moment possible. Remove by excision, all freely movable benign growths; and if they be multiple, or involve the greater portion of the gland, amputation should be the operation of choice. In cancer, the pectoralis major and minor muscles, the axillary glands and fat should be removed en-bloc with the breast.

Let us remember that nowhere else in the body, is it possible to more thoroughly remove every vestige of this disease. Nor, indeed, is there any other situation within the body, where surgery can promise so much for malignant disease.

Upon the profession of medicine, however, rests the burden of helping to educate the people to seek medical advice early, for any and all abnormal growths, however insignificant, that may appear within the female breast. Thus may we be able to save a larger number of lives from the ravages of this most dreaded scavenger of living human tissue; for up to the present moment, surgery offers the one hope.

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#### A SUITABLE QUOTATION.

A high school boy who had failed in an English examination took the teacher to task because she had asked no questions on "The Merchant of Venice," one of the books studied. At the second examination, the first question was "Give a quotation from 'The Merchant of Venice'." When the boy handed in his paper, imagine the teacher's feelings as she read, "O hell! what have we here?"—*February Lippincott'ss.*

## PORTO RICO MEDICAL PRACTICE.\*

C. E. RUTH, DES MOINES, IOWA.

Porto Rico represents about one-eighteenth as much land surface as the state of Iowa and has about one-half as many inhabitants.

There are about two hundred and fifty doctors in Porto Rico and three thousand five hundred in Iowa or one doctor in Porto Rico to every six thousand inhabitants, while in Iowa there is a physician to every six hundred or less. In some of our cities there is one physician to every three hundred.

By the ordinary methods of practice as usually employed in this country it is a physical impossibility for one doctor to care for the sick of six thousand people and in Porto Rico the difficulties are increased almost incalculably, owing to the fact that those who are the most needy are in large part far up in the mountains, on trails often almost impassible for anything except goats.

About one-half of the physicians of Porto Rico are in the employ of the government as health officers, or are employed by the municipalities as physicians to the poor. They hold their positions by virtue of their political affiliations or pull. All the physicians of Porto Rico are graduates, and most of them from good schools. Formerly, it was the custom to study medicine in Barcelona, Madrid or Paris, but more recently the greater number receive their degrees from universities and colleges in the states, mostly New York and Pennsylvania, though a few have come as far west as Ohio.

Nearly all of the younger physicians of Porto Rico speak excellent English, and not a few of the older ones have a tolerably good understanding of the language. The island is divided into a number of districts called municipalities, corresponding in some measure to our counties; and these, when the expense could be borne, have erected hospitals, and are thus trying to do something to meet the needs of the sick poor, though the supply is notoriously inadequate. Three-fourths of the population are entirely unable to pay for medical services, and one-half of the population make no effort to secure medical attention, and trust to domestic remedies, incantations or death, to relieve them of their miseries. More than ten years ago the Presbyterian church opened hospital and dispensary work in the city of San Juan, and later they did the same in Mayaguez. In these, free dispensaries are operated in connection with their hospital work. These pioneer medical missions have accomplished much good, to which the native nurses they have trained are contributing no small part.

In Ponce a splendid hospital building has been erected in a beautiful location overlooking the city and port, through subscriptions tak-

\*Read before Polk County Medical Society, Des Moines, February 26, 1912.

en, and directed ostensibly by the Protestant Episcopal church; but it became at once to all intents and purposes a private institution, so that much of its prospective benefit to the unfortunate classes has been lost.

In our three years' residence in Porto Rico, we found that one physician could give from eight to twenty thousand treatments per year in dispensary service suitably organized and systematized, at a cash outlay of about one thousand dollars. In other words, the physicians already there could easily, if so inclined, in this manner, care for all of the sick if a sufficient number of dispensaries were located within reach of the people.

To erect these little dispensaries would not cost more than one hundred dollars apiece, and in many places the little mission chapels can be used without any cost except the first outlay for supplies; then by charging ten to twenty-five cents for the medicines to last the patient two weeks, almost all the chronic, and most of the prevalent diseases can be cured or relieved. By this plan we found that but a very few required hospital care. Of course, some of the neglected chronic cases, and all the heavy surgical cases must have hospital attention.

In nineteen hundred eight I knew of no municipal or church hospital in Porto Rico provided with screens to keep the flies out of the operating room, to say nothing of the rest of the hospital.

Now, many of the small municipal hospitals are screened throughout, and slowly the people are learning the danger of the mosquito and the fly as disease carriers, though as yet many of the hospital attendants there consider the presence of the fly in the operating room as a sort of a joke on the over-particular or cranky operator who insists that the last fly shall be killed or driven out before anything sterile is exposed in the operating room.

It almost goes without saying that a working knowledge of the Spanish language is imperative for practice there, though in some of the dispensary service long established, one can do tolerably well with the aid of an interpreter.

Perfect mastery however of the Spanish language is almost impossible to those who have not acquired it in early life.

The use of an interpreter in medical practice, at all times unsatisfactory, is, for private practice entirely impracticable.

I have seen a physician, after a residence of one year in Porto Rico, doing dispensary work with the aid of an interpreter, entirely unable to prescribe for a patient and give directions in Spanish, yet the majority never employ an interpreter after the first six months, and some not after the first three.

For surgical work the climatic conditions are ideal, for the great

problems in the United States (heat and ventilation) are in Porto Rico arranged for naturally and only need that man's devices shall not too greatly interfere with the provisions of a beneficent Providence. It is nearly always warm enough, and the only protection needed always sufficiently cool to require some protection, and in the mountains, even in the summer time, two or three blankets are needed at night. Windows and doors can, and usually should, be left open day and night the year round. The natives, however, are very much afraid of the night air. Indeed, they are afraid of outside pure fresh air at all times when they are suffering from any illness, particularly fevers; for the patient will nearly always be found in a room from which as much air and light as possible is excluded, and often in a room so small that it will but little more than accommodate the cot on which the patient lies.

These patients will be found in this condition breathing over and over again the foul air when the outside temperature is ninety-five degrees in the shade, hence, the temperature in the room can be imagined, with a metal roof six or seven feet above the floor and a tropical sun beating down upon it. The wealthier class, though it must be admitted that their houses are well ventilated and the ceilings high, are by no means exempt from the fear of outside air during the night.

On my arrival in Porto Rico I was informed by some of the best physicians there that union of wounds in major surgery by first intention without suppuration was not to be expected, and was practically never attained, owing to the climate and the physical condition of the patients. This proved to be an error, for wounds unite as promptly and as well as in the States.

In our experience suppuration in clean surgical wounds almost never occurred, even in the heaviest abdominal or bone surgery even in those who were suffering from anemia (hookworm), malaria or syphilis, one or all as complications. Owing to the enormous amount of venereal disease, I had expected to find many cases of ectopic gestation, but was informed by one of the best physicians of thirty years experience, that the condition was unknown there. I met but one physician who had seen a case in Porto Rico. Out of a total of five hundred operations we had three of ectopic gestation. Nevertheless, I am convinced that there are great numbers of these unfortunate cases unrecognized.

Carcinoma of the uterus is very prevalent and seldom comes to the knowledge of the physician until well advanced, and often entirely inoperable.

As would be expected, salpingitis is very common. Elephantiasis, involving the lower extremities, scrotum and labia majora is very

prevalent among those living in the lowlands, often attaining enormous proportions.

It is not a very unusual thing to find the legs of patients measuring twenty-five and more inches in circumference from the ankle to the body, and frequently both legs are equally involved as well as the entire external or tegumentary genitalia. Strange as it may seem, the enormous weight is often the only inconvenience of which the patient complains; but periodically attacks of lymphangitis, which forms part of the progress of the disease, will cause fever and pain lasting for varying periods of time. Until recently, amputation was the only remedy for this pitiable condition. Medical treatment so far has been of little value, save that in some cases quinine seems to give prompt relief, though I am sure that in almost all the cases occurring in my experience, there was malarial complication also, which may account for the benefit received from the administration of quinine. In none was there any influence exerted on the elephantiasis, except that which would naturally result from the lessening of the fever in relieving the malarial complication. Rest in bed with heavy bandaging will sometimes so reduce these limbs that the patient appears practically well. This improvement is not maintained; for as soon as the patient is on his feet again, the condition quickly returns. However, taken early, much may be done to retard the growth by suitable bandaging, and the use of elastic stockings properly made.

Excision of the subcutaneous lymph-bearing area to the perimysium will give very satisfactory results; and, where the growths have assumed a nodular or markedly irregular outline and there remains much redundant thickened integument, the excess should be excised. We have operated upon fifteen of these cases without mortality, and with nothing but the most gratifying results. In several of these cases the dimensions and contour was restored to almost perfectly normal, without any impairment whatever of function. Dr. Lopez Nusá of Ponce, Porto Rico, one of the pioneers in this work, says that he gets the best results in those cases in which he has the most extensive suppuration. This being true in his experience, can only be explained, we think, by the greater destruction of the lymph-bearing area and consequently greater subsequent contraction than would have occurred from his operative removal alone.

In our earlier cases we used long incisions, often ten to sixteen inches, followed by tubal drainage for three or four days, followed at times by considerable sloughing and suppuration. Later we used only short incisions in greater number, though removing the tissue quite as extensively as in the earlier cases and drained with gauze for twenty-four hours. Suppuration by this latter plan was slight, sloughing

almost nothing, and some cases gave neither suppuration or sloughing, with the result that the latter cases had their stay in the hospital greatly reduced, some not needing to remain more than ten days, and the longest was four weeks. Some operators report a stay of four to nine months in the hospital when the suppuration was extensive or when the area of involvement was so great that it could not be all dealt with at a single sitting. Six weeks was the longest time that any case remained in the hospital that we operated upon even among the early cases.

Elephantiasis is found only in those who have spent many years, particularly of their early life, in the lowlands near the coast, where the mosquitoes are numerous, and protection against mosquito-bites is not taken at all, or very indifferently.

Naturally the successful removal, surgically, of the manifestation of this disease does not remove the filarial blood infection which through obstruction to the lymph-channels causes the condition; and the question of a return of the manifestation naturally comes up for consideration.

We have noted no tendency to return thus far in any of our cases, but in one case, one year after operation, the patient had another attack of lymphangitis. In this case, however, the leg had been of enormous dimensions, measuring twenty-seven inches in circumference six inches above the ankle, and the involvement extended to the trunk. She was suffering from anemia (hookworm) to such an extent that a thorough removal of the tissue involved below the knee was not practical; and no attempt was made to operate above the knee. During the attack occurring one year later, the inflammation was much more severe above the knee, in the parts not previously operated upon, and here an extensive slough took place on the inner side of the thigh. The condition is rarely, if ever, fatal, except occasionally through complications, as hematuria or chyluria. The most important thing in this, as in other tropical diseases, is prevention first by the destruction of the mosquito, securing thereby at the same time protection against malaria and yellow fever; and next the education of the people in regard to the danger of being bitten by mosquitoes. Few of these people feel a mosquito bite, and most of them are too poor to own a net to sleep under, and none of the houses are screened, so that the mosquito has every opportunity to do his worst.

On the south side of the island, where three years ago there were no dispensaries (save where some effort was being made by the municipalities, or where the insular government had anemia stations), there are seven now, giving about twelve hundred treatments per month.

The question is what will the end be? When will that other five hundred thousand get some care? It will be many years before the native physicians will do it, and American physicians will not go there and undertake the work without some assurance of support from the home land, because most of these fields will not yield sufficient money from outside practice to support a physician.

In the mountain districts, the sick are often unable to walk from ten to forty kilometers to a municipal hospital already full, too poor to hire a horse to ride or four to eight men to carry them in a hammock over the mountain trails to dispensaries so remote. The all-important question in the matter is, what is your duty and mine in regard to it?

One thousand dollars will support a medical missionary there for people during that time, who would otherwise get no attention whatever.

I recall but four cases of leprosy in my dispensary and private practice, all within the last year. Probably several more were seen, but not recognized, because of my inability to readily diagnose them in the incipient stages. Both the anesthetic and tubercular types are encountered.

There is a leper colony on a small and almost barren island at the entrance to the harbor of San Juan, but quite a number of the cases are scattered over the island in various stages of the disease. The anaesthetic variety seems to be the more common.

The real scourges of Porto Rico are anemia (hookworm), syphilis, malaria and tuberculosis. Eliminating these preventable diseases, the health statistics of Porto Rico will compare favorable with that of any part of the world.

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#### A HELP TO PROMPTNESS.

*Anxious voice over the 'phone:* "Doctor, please hurry over to our house. One of the family has suddenly been stricken with a fainting fit. Is there anything you want ready when you get here, so that there will be no time lost?"

*Doctor:* "Yes—er—you may have my fee ready."—*February Lippincott's.*

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#### WELLESLEY SCORES.

"Well, I'll tell you this," said the Harvard man, "Wellesley is a match factory."

"That's quite true," assented the girl. "At Wellesley we make the heads, but we get the sticks from Harvard."—*February Lippincott's.*

## MALIGNANCY.\*

G. W. HINKLE, M. D., HARVARD, IOWA.

This paper is a continuation of a paper, the subject of which was "Malignancy," which I presented to this society at its last meeting. It may be proper, in order to better understand the further study of this subject, that in that paper I asserted my belief that the trend of scientific discovery and my observation declared that all malignant conditions arise primarily from a diseased blood cell; therefore, I will endeavor to make a more minute study of the blood, so that we may advance our knowledge farther toward the primary cause of malignant pathology. I will again remind you that the world is not yet old enough for the scientific mind of man to declare the cause of malignant processes found in the human economy.

The chemical composition of the blood is very complex and it is never of exactly the same composition at any two times or in any two places.

The function of the blood is to maintain an equalized temperature, and a chemical composition together with an osmotic pressure suitable to supply the food and remove the waste of every part of the body.

Every organ or part of the body is continually giving off something to the blood, thus making its composition very complex and the substances entering into its formation are far beyond enumeration.

There are also a great many substances found in the tissue cells that are found in the blood.

In addition to these there are the substances characteristic of the blood itself and many substances of an unknown nature which seem to be made because of substances entering the body from the outside, for we find the blood of every individual contains something that makes him immune to a great many diseases of childhood which he has had once.

There are also other substances called antibodies which more or less protect the individual from infection by many of the organisms which cause our common diseases.

For the purpose of this paper I will divide the blood into two parts—the plasma and the formed parts or the corpuscles, platelets, etc., which are suspended in the plasma.

The blood plasma is a fluid made up of many very complex chemical substances, such as the proteids, fats, enzymes, antibodies, and electrolytes. The physiological chemist has shown that the many organic bodies found in the plasma are all combinations of oxygen, hydrogen,

\*Read before the Wayne County Medical Society.

carbon, and nitrogen, and that the inorganic are composed chiefly of sodium and chlorine, which form the bodies known as electrolytes which, being acted upon by a current of electricity, are separated into two parts, called ions, one going to the negative pole or cathode, and is called the positive ion or kation, and the other part going to the positive pole or anode, and is called the negative ion or anion. It is also a truth that there would be no chemical reaction if there was not an ionization of the bodies in the plasma.

If we had no electrolytes in the plasma or in the cell, electric charges could not be carried about in them and chemical reactions could not occur. We, therefore, learn that it is the electrolytes that put life into the highly organized proteid bodies of the plasma. The non-electrolytes of the plasma do not ionize to any considerable extent, and are, therefore, relatively inactive chemically.

For the purposes of this paper I have probably noted the composition of the plasma sufficiently for the present and now proceed to the study of the blood cell. By weight, the red corpuscles constitute about forty-five per cent of the blood, while the total weight of the leucocytes and platelets is very small. The leucocytes and blood platelets are made up chiefly of nucleo-proteids.

Of the solids of the red cell, hemoglobin constitutes about ninety per cent by weight, and is composed of highly oxidized compound proteids together with some of the lipoids or bodies of which some of the proteids are combined with fat more or less phosphorized.

With the organic compounds there are the various salts of the inorganic substances as potassium, magnesium, sodium, iron, etc., which all cells contain, which do not exist merely dissolved in the water of the cell, but in part are combined with the organic constituents of the protoplasm. They are not in combination as simple additions to the proteids, but as ions, both anions and kations, being united in chemical combination to the proteid molecule making ion proteids. The proteids enter into the vital chemical processes only as ion compounds with the inorganic elements.

Thus, we find the cell consists of a collection of proteids, colloids, crystalloids, electrolytes, and non-electrolytes dissolved in water, in the lipoids, and in each other, all being surrounded by a membrane permeable in greater or less degree and subdivided by similar membranes.

The life of the cell is preserved by the proper action of heat, light, electricity and osmotic pressure or diffusion.

I will now briefly consider these imponderable agents in reference to their action upon the cell.

Heat.—A departure in the supply of heat from the normal or tol-

erant zone, either plus or minus, tends to produce hemolysis or death of the cell. In the absence of heat the tendency is to produce a stasis of chemical action in the cell and a sluggish circulation of the plasma, attaining completeness at the point of freezing. Upon the addition of heat above the normal there are formed granular masses as the proteids become coagulated in the cell cytoplasm or protoplasm and in the plasma in degree relative to the degree of heat applied, thus causing a cessation of normal chemical activity and a hardening and shrinkage of the cell contents and of the plasma constituents, destroying osmotic pressure and seriously altering all processes of metabolism and bringing about hemolysis or death of the cell. I think it is probable that the long continued application of an abnormal amount of heat, producing a morbid chemical action tends to the formation of autolytic toxins which hasten the death of the cell. |

Light.—From the nature of light and the source of its application we cannot well get more than a normal amount without it being artificially applied and then it is accompanied with either heat or electricity or both, so that its action is similar to that of the others.

The application of the electric light, rich in violet and ultra-violet rays, causes cell division and ultimately death of the cell.

The enzymes are readily destroyed by light, thereby causing the death of the cell.

The light rays applied to excess, bring about oxidative changes in the chemical action of the constituents of the cell, thereby causing hemolysis.

X-rays have a marked effect on metabolism, as is shown by the excessive elimination of the products of proteid destruction, and which would indicate an extremely high rate of autolysis because of its stimulating effect upon the autolytic enzymes. The long continued action of x-rays upon the skin has in many cases led to the formation of cancer, because of its action on the enzymes and the processes of metabolism.

Electricity.—A weak, constant current causes a movement in the protoplasm and if the current is increased or long continued, the protoplasm becomes varicose and droplets are formed and soon burst, causing a breaking down of the protoplasmic framework and on the negative side begin to disintegrate and the loose particles move toward the positive pole, which soon entirely destroys the cell structure. The nucleus is injured sooner than the protoplasm by the electric current.

The effect of electricity upon protoplasm depends upon a loosening of the cohesion and a solution of the constituents of the cell caused by direct chemical alterations. The current causes the ions to select their respective poles of the cell and leave their normal posi-

tion, which makes serious alterations in the chemistry of the cell, thereby forming autolytic toxins with a resulting hemolysis or death of the cell.

The few facts as above noted in regard to the action of the imponderable agents upon the constituents of the blood cell, when applied in an abnormal amount, lead us to conclude or even know, that the welfare of the cell is vouchsafed by the ever present normal amount of these agents.

We also learn that a cell sick unto death cannot do its work in the process of metabolism; that the chemical action is perverted from the normal; that instead of health products being formed, there are toxins of many compositions formed, each having an affinity for the various tissues of the body to destroy it entirely or change its action and character from the normal.

An examination of the blood in the beginning of malignant conditions reveals a breaking down and death of the cell with the formation, more or less, of autolytic toxins. This condition, we conclude, arises because of a disturbed chemical action within the cell walls. There being no bacteria or toxins from without present to bring about those deleterious changes to the cell we are forced to believe that the imponderable agents, heat, light, and electricity have been instrumental in bringing about this diseased condition which in turn vitiates metabolism in the ways which result in the formation of the many profound diseases which are called malignant.

I believe a proper definition of malignancy would be a pathological condition whose etiology is primarily hemolysis. I believe that all diseases that depend primarily upon the death of the cell as a cause, are malignant and the present state of our knowledge does not give us a remedy or treatment that will bring about a cure.

We need only to look for a realization of this condition at the picture given us in the present day etiology and treatment of some of the leading types of malignant diseases such as pernicious anemia, septicemia, tuberculosis, and carcinoma. The pathologist and bacteriologist have failed to enlighten us as to the cause, in consequence of which, the treatment is altogether empirical.

When measured by the history of malignant conditions and our present knowledge of its pathology and success of treatment, he, who promises or professes to cure malignancy in any of its forms, either by the use of surgery or drugs or without drugs is either a fakir or short on knowledge pertaining thereto, or both.

Many symptoms of malignancy can be greatly relieved by appropriate treatment, but any or all treatment stops, in producing its good effect, away this side of the cure-line.

The pathologist with the aid of the bacteriologist, has been working very hard to find proof that the presence of a micro-organism with its toxins are the cause of malignancy, but they have always signally failed. A few of these scientists are now beginning to look over beyond and above micro-organism and its toxins in their hunt for the auto-conditions found within the cell, toward the silent, all-powerful imponderable agents, and are prosecuting their inquiry with an ever increasing, fascinating enthusiasm. The pathologist and bacteriologist are even now divided into sections; one, which is the larger, contending that the cause of malignancy is due to micro-organisms and their toxins, and the other, which is the smaller, attesting that the primary cause is due to some other agent.

This field of study being so broad and deep and dark that in these two papers which I have presented to you, I have been able only to "touch the high points" of fact and theory of the pathology, but by your permission, I will at our next semi-annual meeting, present for your consideration, another paper on malignancy in which the more minute study of the blood cell will be taken up.

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#### CANCER OF THE BREAST.

W. S. Thorne, San Francisco (Journal A. M. A., February 17), emphasizes the fact that in a certain percentage of cases tumors of the breast diagnosed as malignant do not undergo malignant degeneration and that the histologic arrangement of a tumor does not always necessarily determine its future life history or development. He quotes Dr. M. G. Wells (Journal A. M. A., May 29, 1909, p. 1731), as to the natural defenses of the body against cancer, and asks how, in view of these facts, we must estimate the reported recoveries after amputation of the breast. Should not a certain proportion of them be credited possibly to the natural defenses of the body? The usual three years' period of recovery he considers a mistake, and he shows cases illustrating the vagaries in development and appearance of tumors diagnosed as malignant. One of these disappeared without treatment but recurred afterward in other parts of the body after a long lapse of time. Others were not operated and disappeared. The consensus of medical opinion, however, is, he says, that 85 per cent of breast tumors are malignant and the radical operation is in vogue though not always justified by the pathologic findings. He wishes to state his opinion as to the radical operation. It is mandatory without exception, but disfiguring operations should be avoided unless unequivocally necessary. The procedure which most appeals to him in dealing with benign or relatively benign tumors of the breast is the plastic resection of Dr. J. C. Warren and Dr. W. L. Rodman. These methods, or some modification of them, have been employed by him for some years with results most satisfactory both to his patients and to himself.

## HYSTERO-EPILEPSY. (A CASE.)

F. T. ROBERTS, M. D., FT. MADISON, IOWA.

My first introduction to my patient was, when at the age of five years she suffered from a series of convulsions, passing from one into another for some six long hours, yielding at last to a hypodermic of morphine.

She grew up into a pale, weedy girl, and menstruated at the age of thirteen.

As she belonged to a family consisting of a widowed mother and three old maid sisters, who on account of slender resources, or from choice, subsisted on thin sliced bread and butter, and weak tea, she, at the age of seventeen, was a living exemplar of faulty metabolism, malnutrition, neurasthenia, anemia, masturbation, and a few other long-named troubles.

She had a calm, mournful way, that concealèd the hysterical volcano within. Her face had the sad expression of an old horse, with eyes like Napoleon at St. Helena, true epileptic eyes. Her temper was uncertain. Gloomy, pessimistic, obstinate and contrary. A visit to her was a penance.

When asked a question, she would, after an aggravating pause, make another complaint, but never gave a direct answer.

She now developed a tenderness over the spleen, of which she complained bitterly.

In spite of "*never eating anything*" corroborated by evidence of the entire family, she extracted nourishment enough from some source, to keep up a marked dyspepsia and her weight of 100 pounds. She would do no work, nor take any exercise. Read most of the time.

She now developed epileptiform convulsions, occurring at intervals of three to four months. I suspected, however, that she also had night attacks during sleep, which were not noticed.

A six months' visit to relatives in Minnesota, greatly improved her, but after returning to her home, she soon relapsed into her former condition. I advised another trip, but somehow the relatives could not find it convenient to have her come again.

Two years ago her mother, a tough little old Irish woman, developed a case of pulmonary tuberculosis, of hæmorrhagic character, dying in three months.

During her mother's illness the girl wakened from her lethargy and nursed her most devotedly. Only twice during this time did she have an epileptiform seizure, nor did she often complain of the tenderness over the spleen, or of the other symptoms, which before she had greatly magnified.

From then until last summer she changed none. The hysteria being less active and the epileptic manifestations mild and occurring about three to five weeks apart.

In August last, an incipient fire occurring in the house, greatly agitated her, and after twenty-four hours of hysterical crying, screaming and scolding, she calmed down, but remained in bed, complaining of pain in every part of her body, and saying she was too weak to rise.

Her pulse at this time was from 72 to 80, temperature normal, and except for the above hallucinations appeared perfectly rational. She refused nearly all food, drinking only about six ounces of milk a day, and lost flesh rapidly, in a few weeks becoming almost skeletonized. Several times she was induced to partake of other and more substantial food which, though it did not seem to cause her any distress, she declined to repeat.

A curious change came over her disposition, and though she continued gloomy, despondent and sad, and still cherishing delusions, she became amiable and gentle and appreciative, would answer questions promptly, and her conversation was rational.

The convulsive seizures became frequent, and after her second week in bed, occurring every day, sometimes twice, and lasting from 15 to 30 minutes. Their character was that of typical epilepsy in every respect.

Throughout her last illness, the bowels, which had always been constipated, moved every third day voluntarily.

During the fifth week the epileptiform convulsions suddenly ceased and she went into a cataleptic condition.

Without any warning symptoms, she would go into a coma, from which she could not be awakened.

Her body would be at first perfectly lax, until someone touched or attempted to move her, and then the limb or portion of the body touched would become rigid in the position it happened to be, and could not be altered without force. There would be no trembling or movement, but the rest of the body would gradually become rigid. The eyes would be closed, and if one raised the lids, the eyes were always found directed slightly upward, and after being raised the eyelids would remain rigidly open. The pupils were always dilated to full extent and would not respond to light. As the eyes, not being moistened by the immovable lids, would soon become dry, the staring expression and emaciated face would give the exact appearance of death.

In this cataleptic condition she would remain from one to six

hours. On several occasions the coma lasted from 24 to 36 hours, and once for 47 hours.

While in this condition there seemed to be complete absence of pain, and I could examine her as freely as the rigid muscles would permit, though when normal she would shrink and cry out from apparent pain at the slightest touch over alleged afflicted parts.

During the "coma" the pulse ranged from 60 to 65, and so weak as to be hard to count, but was always regular. The temperature, in a few minutes, would drop from normal to 96. The breathing was thoracic and would be about 15 to 16. Though regular, it would be almost imperceptible.

The first indication of returning animation, would be a gentle sigh, the eyes would slowly open, the whole body relax, and with a contented yawn, she would roll over on her side and pass into a gentle, natural slumber, which, if not disturbed, would last half an hour.

Each of these spells left her a little weaker and it was wonderful how life could continue in so frail a body.

Naturally during these catlepsies the relatives many times thought her dead, and when the end finally did come, some four weeks after, they were loth to believe that she was really dead.

Death came to her while in the cataleptic state, and the faint flutter of her heart persisted for a minute and a half after the last perceptible respiration.

There is not time in a paper of this nature to recount, either the thousand and one peculiar symptoms of this case, nor to state the treatment. Remember, that the case was under my care from the age of five years, until her death at 26—twenty-one long years.

Consultation with other physicians during all the stages of her trouble were frequent, though it is still doubtful in my mind whether, except to afford temporary relief, any treatment given her was productive of good.

From symptoms manifested during the last two years of her life it is possible that there was slight tuberculosis of the abdominal organs, though there was no evidence at any time of pulmonary involvement.

The mother died as related of tuberculosis. A brother has recently been sent to the hospital for the insane, suffering from paranoid dementia, apparently due to tertiary syphilis. Otherwise the family history is clinically good.

The case is not related as a rare one, but as a type of Hystero-Epilepsy.

The cataleptic conclusion of it, is not common, most of the patients dying of epilepsy.

It would have been much pleasanter to have reported some wonderful discovery of the mysterious cause of my patient's disease, and how she was guided back to health by skillful treatment, but, gentlemen, after studying epilepsy all my professional life, it is only to confess that many of the cases are utterly beyond my comprehension.

Theories like remedies prove futile.

As a young graduate, my confidence and ability to understand and cure any disease was unquestioned, at least, by myself. It is different now.

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### TUBERCULOSIS.

C. W. Coutant, Llano, Texas (*Journal A. M. A.*, January 27), pleads for the education of the public, and especially the physicians, in the early recognition of tuberculosis than which he considers there is no more important subject in practical medicine at the present time. What we are doing to educate the laity is important, and it is too often neglected or overlooked. There is no common syndrome to all early cases and everything must be taken into account. There is, he says, no heredity of tuberculosis, but what is more important is acquired predisposition, meaning by this the susceptibility to the disease through certain causes that diminish individual resistance, such as overwork, dissipation, depression, etc. The personal history must take into account the environment, questions of exposure and previous diseases. The subjective symptoms of importance would be loss of weight and strength, disturbed sleep, lack of energy, capricious appetite and ready fatigue. Physical signs are very few and difficult to recognize. Inspection, palpation and percussion are invariably negative in the early stages, and one has to rely on auscultation alone. An early physical examination should be insisted on, and every portion of the chest be gone over carefully and examined during deep breathing, after breathing and coughing. Every irregular sound, no matter how slight, must be noted. The examination must be made stripped to the skin and in both the upright and recumbent positions. Sometimes several examinations will be necessary. A diagnosis should not be made until the physician is certain. The finding of the bacillus is conclusive, but failure to find it is not. It is rarely found in incipient cases. We have also the tuberculin tests, of which the Moro test is the most reliable, and then the x-ray examination, but all these may be negative in incipient tuberculosis.

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### MAKING SURE OF IT.

Brown had just received a telegram saying: "Your mother-in-law is dead. Shall we bury or cremate her?"

"Take no chances," was the reply; "do both."—*February Lippincott's*.

## PROLOPSIS UTERI WITH COMPLETE EVERSION.

C. O. WILKINS, M. D., FT. MADISON, IOWA.

I was called to attend a Mexican woman, age 36, second child. When I arrived I found the uterus everted and a complete prolapse. On inquiry I got this kind of a history: The woman had been in labor about two hours, running a typical course as far as labor pains and progress were concerned. The child was born, and alive, and the placenta had been removed manually by peeling it off with the fingers. The cord was still intact, and was wrapped once about the body of the child and diagonally across the throat of the child to the shoulders, up the dorsum of the child, to the placental site. The child came with the vertex presenting.

One thing that impressed me most was the lack of the normal amount of hemorrhage. The woman had not been moved and there had been no cloths or pads soiled up to this time.

There was a little blood which looked as though it may have been due to the removal of the placenta.

Our books tell us that the hemorrhage in child-birth is controlled by the collapse of the uterine walls due to the contraction of the uterine muscles, but in this case we had the opposite condition.

I believe that the hemorrhage in this case was controlled by the twisting or the uterine vessels in the broad ligaments when the uterus everted.

I believe from the position of the cord around the child's body and down over the shoulders and up the dorsum to the placental site, as the slack in the cord was all taken up, with each pain the uterus had to evert and prolapse at the same time in order to allow the child to be born.

I repositied the uterus by pushing the fundus of the uterus back through the cervix which was completely dilated and carried my hand back until the fundus was in its normal position.

I also noted that when the fundus passed through the cervix I had a gush of blood. I kept my hand in the uterus and used my left hand to massage the uterus externally until I felt it contract on my hand; then I withdrew my hand, packed the vagina, elevated the hips and gave one-half dr. doses Fl. ex. ergot, by the mouth every three hours for a day.

The woman made a good recovery, was up before the usual ten days, had no infection or fever, notwithstanding the fact that all the conditions and surroundings were entirely against her.

## RIGHT LIVING AND GOOD HEALTH.

JOSEPHINE WITMORE RUST, M. D., GRINNELL, IOWA.

It might seem that the subject of Right Living and Good Health was one that had been, is, and still would be very common in its interest, but, granting that the common rather than the uncommon things of life are the real sum and substance of our existence—and have much more helpfulness by their proper application to those whom our professional position allows us to serve as adviser, it may possibly not be amiss to consider some of the practical demonstrations that render Right Living and Good Health possible.

What is right living? Is it a stated condition to which we would attempt to bring every one? No. That is a physical and moral impossibility, it is rather, a state individualized, a state applied to each and every ones capacity for exercise—physical and mental endurance that one or more aggregations of cells shall not be repeatedly overtaxed to the extent of their ability to endure, in order that another aggregation may accomplish that which is required of them—a delicate balancing of all integral parts.

An harmonious working to the result that each ones nutrition is excited to a point of strengthening, by exercise and ability to throw off waste and effete matter without undue strain.

In summing up, Right Living is the Road to Good Health.

Then providing we already have not, how shall we attain this state.

How shall we know when we have attained this state?

What are the guide posts along this road?

Are we capable of interpreting them?

Naturally, we look to the family Physician for the solution of these problems, and he knows, that the keynote to his success in answering them is summed up into one forceful collection of letters viz:

## PREVENTION:

I believe that I am safe in making the assertion, that no other walk in life leads to a greater number of important opportunities, the effect of the right usage of which is not only immediate but far reaching into the future before us, than the one daily trodden by the Physician, if, he feels that position in its full rounded meaning. He is not only consulted in matters pertaining to physical health and mental equipment but his advice is frequently sought in shaping his patients future; because of this greater knowledge of the physical and natural moral and mental equipment he is often consulted regarding the work to be taken up in life by a young man or young woman, and wheth-

er the placing oneself in position that the duties of parenthood may be borne without detriment to themselves or posterity, is a matter for congratulation and is becoming more popular with the intelligent classes.

That valuable advice, based upon the physicians knowledge of the past and present physical conditions and likelihood of the future (—if due care and consideration are observed—) will do much to eradicate physical and mental defects, also put the moral health on a firmer basis, is a matter worthy of every physicians attention and cultivation. He who so rudely ushers us into this cold and unfeeling world, who probably starts us out with a slap on the back, until we fill our lungs for the first time, and raise our voice in condemnation of the first physical encounter with our fellow men, takes us by the hand, and goes with us as far as he can, down to the very brink, and leads us back to health and friends—often too content with nothing more tangible than the knowledge of service faithfully rendered; and it is to him that we look for health, and therefore happiness.

Then, returning to our question. How shall a state of health be attained? We will start with the little ones advent into the world; that he be properly fed, clothed and cared for, are his inalienable rights, that he shall have all and every advantage possible to be obtained from his surroundings, that nothing unnecessary shall form an obstacle in his way to perfect physical and mental development; then we have an excellent foundation for the moral training.

Ofttimes he encounters difficulties in obtaining proper and sufficient nourishment—as so frequently happens nowadays he is, through either accident or intention deprived of its natural source and quantity of sustenance.

Then begins the great struggle for existence, one substitute, after another is offered for the natural food and refused, until everyone concerned is at their wits end as to the next move to make, one food causes indigestion, flatulence, constipation, or lacks in essential elements, and scurvy or rickets result and so an almost interminable list of greater or lesser evils exist. The child is illy nourished, uncomfortable and so is every one else. To correct this condition all the ingenuity of the physician, parents and attendants is taxed to the breaking point; finally the food is found that agrees, or most does and he starts to gain in weight and color, then follows closely upon the heels of this the bugaboo, teething. That these woes are greatly exaggerated and are oftentimes due to improper food its quality, quantity or faulty preparation and care, lack of proper rest and fresh air (for which there are no substitutes) we

can not doubt. The over zealous and proud parents and attendants make especial effort to display the cunning baby ways, making a veritable moving picture show to all friends who happen to come in and this may be several times daily, thus stimulating the nervous system in wrong ways, at wrong times, and taking the time for quiet sleep and rest, (the amount of either being too limited at the very best.) Especially is this true if it happen to be the first or only child. I think if there is an object of pity 'tis the first and only child. He has troubles peculiar to his station and time in life that other children more fortunate need not suffer. He is likely to be selfish, self centered, self conscious, nervous, irritable and extremely hard to satisfy, he does not have the sharp edges and corners smoothed down by contact with natural opposing forces of home associates. Thus we have a most excellent foundation for the development of a neurasthenic, there is not the necessity for self sacrifice and consideration, endurance of dissapointment or physical discomfort; the endurance of a moderate amount of which, serves to strengthen rather than depress. Oftimes these little folks are rendered less resistant to the various infections, that children are nowadays expected to, but some not far distant day will not suffer.

Soon he reaches the school age, then will he come in personal contact with the various infections in concentrated form, his resistance will be taxed—but his chances are good, provided he has a good physical development, his gastro intestinal tract contains only health giving food, and natural byproducts, with no fermenting masses or refuse that should not be there, also that his mouth, throat and nasal cavities are cleared of offending material in way of secretions or tissues that act as portals of entry for systemic infections. His first years of school life are not as a rule (providing he has normal development) strenuous. But 'tis not long ere he begins to realize what competition means and here again will his perfect physical development stand him in good stead; his mental development can only continue the pace regulated by his physical perfection. Soon his development brings him to the age where his observation causes him to wonder and investigate the why and wherefore of demonstrations brought to his attention occuring in the natural course of Life and Death.

No more cruel blow can be delt this enquiring plastic mind, than for some one older, and who should know better, to treat his inquiry with an air of fun making or vulgarity. This boy, this girl, are human beings, their beliefs and information are received from their elders, and stamped with or without, the sacred seal of correct and true knowledge. They each have these awakenings for truth within

their own beings. They have a right to know these mysteries of Life according to their ability to intelligently comprehend and to have told to them in an intelligent manner, the beauty and sacredness of their physical being; and there should be no one better fitted to impart this knowledge than the parents.

But we see, that the greater majority of these parents are not fully realizing the importance of this information, then is when the Physician should and can from his position, give the needed information, that may save from a downfall, the young life that might ever after needs wear the Scarlet Letter, if their awakening to the various dangers are not properly interpreted.

How much crime and destructive disease, extending through generations could thus be prevented, and give to innocent children, yet unborn a perfect moral and physical heritage.

Up to the age of puberty, the two sexes are quite similar and are considered as such and here the dividing line is distinct in many ways, especially is this decided in the girl, she is now coming into the realization of a special awakening of functions (up to this age dormant to have given preference to the physical growth.) This added demand should be provided for in the way of more rest, physical and mental; instead of adding to the demands made upon her, they should be decidedly lessened; these functions preparing to assert themselves should be secondary to none. The great influence so generated is not confined to the one in whom these organs reside, but they stamp their individuality upon future generations.

Therefore these young women should be under intelligent surveillance and if we see that they are not enduring these added demands upon their strength then stop entirely or greatly lessen the requirements, putting in the ascendancy the opportunity for extra physical and mental rest.

Frequently these girls are requested to fill positions only fitted for their elders and many times their pride keeps them overworked. Possibly they pass through High School only to wilt completely as soon as the stimulation is removed. That the damage is frequently irreparable, only the Physician knows. At just such periods of a young girls life are laid the foundation for displacement of abdominal and pelvic viscera with their attendant congestions, menorrhagia, metrorrhagia and excruciatingly painful menstruations incapacitating from several hours to days every month, to this is added the mortification attendant upon this regular occurrence.

When as is expected of her, she comes to the crowning of her womanhood, her delivery painful enough when perfectly normal, is fraught with much unnecessary anguish, danger and difficulty, often

necessitating instrumental interference, extensive lacerations, over stretched tissues, that never regain their normal supportive functions favoring enteroptosis and prolapses in varying degrees, which I have found, coupled with varicose conditions in pelvic cavity and lower extremities, very incapacitating, decidedly distressing and very difficult to relieve. That these conditions foster mental aberrations intractable to treatment because of the impossibility to remove the causes, no careful observer doubts. How much of all this can be prevented had this patient when a young girl been intelligently handled?

While we do not wish to go on record as making too much objection to social work for the young girl just entering womanhood, (as a certain amount is commendable) we do believe, that the usual amount has a greater influence in causing the nervous breakdown than the regulation school work. The late and irregular hours, the added strain and excitement coupled with occasional indigestible refreshments served at late hours, and this frequently repeated, must have a deleterious effect. The natural recuperative powers of youth delay for a later period, the baneful effects; the unnatural appetite so stimulated may lead to dire disaster in weakening the digestive and assimilative functions; poisonous products of gastrointestinal putrefaction result in exhausted nerve supply, lack of motility and disturbed secretory functioning and lead to the various degrees of auto-intoxication and their long train of symptoms. No one can question that these nutritive disturbances often appear in the guise of serious pelvic troubles, for the relief of which many and unnecessary and asexualizing operations are performed with no relief—but added discomfort.

Never in the history of mankind has a perfected physical development been so essential to right living and good health as it is today; consider the army of women struggling in almost every walk of life to make a living for themselves and oftentimes others dependant upon them—thus, shoulder to shoulder with Father, Husband and Brother, wielding all tools of the warfare of existence but artillery. To this in many instances are added the natural requirements of wife and mother; the oversight and responsibilities of family and home. Necessity of pride obliges them to go forth that they may exist.

Is it any wonder that many of them are on the verge of nervous exhaustion?

In contrast to this is the sister who knows only the gratification of her own desires; her duties to society though exacting no doubt have naught to do with the question of the where with of existence; She does not take kindly to the duties and privileges of home and family; but relegates this sacred trust to hirelings. She too feels the too

great strain and recuperates lost powers in Sanitariums and Health Resorts.

Is any of this right living? Does it lead to the goal Good Health? Hail the day when Woman shall completely fill the sacred position of trust within the sanctity of her home and never take up a line of thought or work that will disqualify her to fill with grace and goodness the exalted station decreed by her Maker (of wife and mother.) How much good may she do in her own natural sphere watching intelligently over her home and family, preventing many dreaded diseases that constantly lurk in the dark; diseases of not only the physical but the moral and mental health as well. Then will we question the fact that a perfect physical development is essential to withstand the great strain under which we exist, and especially Womankind?

The many preventative measures enforced today with the object of stamping out the various contagion and infectious diseases, are not going to reach any degree of efficiency until we have the natural barriers to these processes thrown up in a bulwark of perfected physical development.

The highest attainment of the human entity, must for its continued assumption of the lofty pinnacle, without question, depend to an almost inconceivable degree on this firm foundation.

And not only a starting with a clear and clean record but the ever watchful attention of its possessor that no insidious intruder in the form of lax habits, over gratification of various desires or the refusal to heed the warnings and inconsistencies of every day life which often suddenly assert their more or less complete possession of the unwary.

To be well born is not one half, although no one denies the great advantage of such a priceless possession.

In this day when so much mental unrest possesses the brain of the so called Emancipator and those who consider that their rights are not recognized as they should be; there must develop conditions that shall serve as promoters of new and strange reactions tending to the development of new and strange unheard of and unnamed diseases.

Some one must be ready to recognize and relieve these conditions; because few people can at first thought be convinced that what they call normal living is creating and promoting serious conditions that sooner or later will result in well marked diseases; we shall not forget that many influences cooperating, dress the new guest in raiment never before seen. Then what is right living as applied to the Physician?

We question and advise our patients and direct them as intelligently as our observation dictates.

For instance we tell them to diet, (this in a general way.) What do they know about diet? We do not always specify on paper what they shall or shall not eat and drink—they go home and later return probably no better; perhaps they have dieted but essentially upon what they especially liked best and usually upon what they should not have had. Did we tell them what kinds of meats, vegetables, breads and drinks? How much and when? Did we really know ourselves? If we did then why didn't we specify; why didn't we explain to them why they should and why they should not?

They are usually intelligent, they will understand and what is more they are much more likely to follow our instructions if they understand what we wish to accomplish, and then if they don't obey time is lost in working with them. You say it takes time, it *certainly* does and vitality and unbounded patience—but frequently a patient may be entirely relieved of an almost intractable discomfort amounting to suspicious incurable disease by just such advice and attention of the attending physician and possibly some serious organic disease may have been prevented by just such treatment as this precaution; then are our services invaluable to this patient. Possibly a little medicine may be needed to start the ball rolling and serve as a tangible evidence that the physician is doing all in his power.

But the interest manifested in the patients welfare will more likely cause him to follow with patience and faithful perseverance other *rules* of Hygiene suggested. Many people come to the office prejudiced to the taking of medicine and this ignorant prejudice has driven them to following various delusions and possibly they are not in need of medicine. However they are always in need of having some competent adviser determine the cause and how far the effect is due to some removable condition. There is always something wrong somewhere when a patient complains; it must be real or imaginary; if the latter why is it so? Many of the serious insanities originate with a too vivid imagination. Healthy imagination is quite proper but where the line of demarcation lies, depends upon us to determine if possible.

Not infrequently this patient is a representative of that class who pass from one Physician to another and because of this knowledge the present Physician considers that nothing serious affects the patient or *some* one would have discovered it before and 'tis little use to use time and effort to go farther and especially so should the ailment seem obscure.

Then it is that the Physician belittles and degrades his profession. He is really doing himself more injury than he does the patient; he is losing the precious opportunity of discovering for himself that which apparently seems difficult to ascertain; he lessens his accuracy

in technique and fails to develop his skill to the extent that this day has provided an opportunity for. Therefore he is likely to again repeat this procedure from day to day until his self-satisfaction causes his ability to dwarf and decay for only by repeatedly exercising and broadening is this vital spark fed and sent traveling and exploring greater fields yet unknown. Hourly are occurring discoveries that appal the brain of the most active. Then should not each Physician be daily a new discoverer in the diagnosticating of irregularities constantly brought to their attention? Not only is the Physician called upon to relieve physical pain and discomfort but many times the greatest needs of the patient are a little time from the Doctor to hear his griefs real or imaginary as the case may be.

Many times I am sure that the few cheery words uttered to a soul that sees no poetry, hears no music in life means a greater help than all the medicine in the Universe.

They come haltingly at first feeling carefully their way until intuition tells them that the Doctor will hear and feel comfort and advise. Is there any one who should better know how to do this? Many times the few hopeful words the interested reasoning that may cause the hopeless to see the philosophy of the conditions under which he is forced to exist—that he may see a way to benefit them instead of rebelling against them—that instead he may take heart and use his effort to remedy these conditions—may be spoken as we pass by.

Who other than the Doctor is so fitted to know and understand the home conditions? The nature of his work places him at a decided advantage over all others. He does not need to many times enter the sanctity of the patients confidence or visit the home or family for we are all a part of the great human mass and the heart throb of our fellow creatures must feel its answering beat in unison with our own. We are all subject to the same hopes and fears; we all have the one aim and object, that inborn desire of self preservation.

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"Jake," he asked, "are you afraid of the small-pox out here?"

"Some may be, sah," Jake replied; "as fo' me, I ain't scahed; Ise jest gwine to get me some lime an limate mah house; an' den de doc-tah, he's comin' up an' 'sassinate mah fambly; so dat, if we do git de small-pox 'twon't be nothin' but de celluloid."—*Woman's Home Companion*

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Physician: "Have you any aches or pains this morning?"

Patient: "Yes, doctor. It hurts me to breathe. In fact, the only trouble now seems to be with my breath."

Physician: "All right. I'll give you something that will soon stop that."—*Good Housekeeping*.

# IOWA MEDICAL JOURNAL

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A Monthly Journal

Devoted to the Interests of the Iowa Profession

E. E. DORR, M. D. Editor and Proprietor.

Subscription \$2.00 per year, in advance.

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Vol. XVIII

Des Moines, March 15, 1912

No. 9

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### The Physician in Politics.

The professional men should not be too busy to take an interest in the control of state affairs. Many physicians have already indicated their intention of entering the contest for the legislature, and many have taken personal interest in city and school politics this year.

This month in Des Moines two of our leading physicians entered the race for office. One was elected to the school board and the other was nominated for mayor.

There is every reason why scientific men should be at the head of school boards and city governments. The prevention of preventable diseases depends upon the firmness the medical profession shows.

On the sanitation of our schools and the health of our scholars depend the physical and mental welfare of our communities. On the sanitation of our cities and the purity of our water and food supplies depend the physical welfare of the citizen.

## MEETING.

## Iowa State Medical Society.

The annual meeting will be held in Burlington, May 8, 9 and 10, 1912.

The sessions will be of unusual interest, partly because there are but three sections this year, whereas heretofore there were six.

It is our expectation to publish the program complete next month, so that our readers may know what is in store for them, when they arrive in Burlington.

The committee on arrangements have outlined a plan for entertainment that will satisfy the most fastidious.

The profession at Burlington have always been interested in the Society and as it has been a number of years since we have met there, they intend to do the handsome by all who attend.

The older men should go to meet their old friends and keep up their interest. The young man should go to get acquainted with the bone and sinew of the profession, who have made it what it is in Iowa, and should take part in the discussions and business affairs.

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WANTED.—The JOURNAL needs the following numbers for its reference shelves. If anyone has any of these numbers and would send them in, it would be greatly appreciated by the JOURNAL.

Vol. 1. Nos. 1, 9, 12.

Vol. 2. Nos. 2, 3, 6, 7, 8, 9, 10, 11, 12.

Vol. 3. Nos. 1, 6, 8.

Vol. 4. Nos. 1, 8, 9.

Vol. 5. Nos. 4, 9, 10.

Vol. 8. Nos. 6, 7.

Dr. Mammen of LeMars has kindly furnished Volumes 4 and 5 bound, but we need the single numbers for the State library.

## COMMUNICATIONS.

Dr. E. E. Dorr:

• Having read Dr. Chamberlin's communication in your Journal of February 15th page 392, I will say that I have been thinking along this line myself, and I would suggest that we have published in one County Seat paper at least, in every County in the State, the object of the Owen Health Bill and expose what Chas. Miller calls our "Medical Trust" we can get the fact before all the people this way by having other states to copy. They use the press why not we?

Yours truly,

Dr. Bouslough.

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Iowa Medical Journal:

Will you please make it known through your columns that owing to the fact that we are now quite busy at the sanatorium, we will be greatly obliged if physicians having cases to send to us either as patients or for special diagnosis, will communicate with us previous to their coming to the sanatorium? This would very often save much time for all concerned, likewise occasional disappointments.

Yours very truly,

H. V. SCARBOROUGH, *Superintendent.*

## COMMUNICATIONS. FEE SPLITTING.

J. W. KIME, M. D., FT. DODGE, IOWA.

In discussing the subject of "Division of Responsibility in Referred Cases," I assumed, (1) That the medical profession is honest. (2) That the family physician is honest. (3) That the surgeon is honest. These should not be violent assumptions and we should be on perfectly safe ground in making them.

We are discussing a question relating to the practice of medicine and surgery, by physicians and surgeons. We had no thought of discussing the doings of the small fraction of a single per cent of off-color men who rightfully have no place in the profession. We had in mind just such men as compose the Webster County Medical Society.

I desire first to make it plain just where this society stands on this question. It voted unanimously to approve the positions taken in both the paper and resolutions of the committee. The only difference of opinion at any time was as to the advisability of publication. The vote on this point was eight for publication and seven against. Two weeks later a motion to reconsider was made and was lost by a vote of 12 to 3, a considerable number of those signing the protest published in the last number of the Journal of the Iowa State Medical Society, against publication, changing their views and voted for publication.

The paper and resolutions express the views of every member present at any of these meetings, which were regular meetings of the society, with perhaps the exception of a single member.

I assumed also in this discussion that the patient belongs to the family physician. I use the word "belongs" in the same sense that every doctor uses it every day when he says, "He is my patient."

The patient falls sick and calls the family physician. This is always done in every case. The patient has a single thought in mind in calling the doctor. He is sick, and sends for him to make him well.

The physician assumes control of the case, but finds that surgical assistance must be called in. In practically a round 100 per cent the doctor is an honest man. This is absolutely the condition in Webster County, and my intimate knowledge of the profession in Iowa convinces me that the same holds true in every county in the state.

When the emergency of surgical interference arises, the patient still relies upon the judgment of his physician and holds him responsible for the choice of a surgeon. In selecting the surgeon the physician assumes a grave responsibility. If the case goes well, his judgment will be approved. If it goes badly, he will himself be condemned. Even the law holds him responsible if he calls in an incompetent surgeon and bad results ensue.

The family physician will, almost without a single exception, choose a competent surgeon. He will do this, first, because he is an

honest and honorable man, and thinks only of his patient's welfare; second, because his own interests make it imperative for him to do so. No one knows better than he that all his interests lie on the side of efficient and honest work, and all the talk about "selling the patient," "exploiting the patient," or "working up cases to be taken in" are insults, purely gratuitous, that are hurled at the family physician. This is known, by one of your correspondents, never to have happened in Webster county in all the time he has been here and there is absolutely no ground for believing that it is done any place else. The medical profession of Iowa is composed of men that are high minded and honorable, and they are not engaged in the disreputable business of "marketing their patients to incompetent men." I am talking about doctors and not about fakirs. This latter class is a negligible quantity in Iowa and is not under consideration at this time.

Great stress appears to be laid on "sending the patient to the best man," as though there were some pre-eminent man some place to whom if cases were not sent, the doctor would be guilty of infidelity to his patient. At the same time it must be well known to all that there is no "best" man in Iowa. There are scores of good men all over the state. They are found not only in the larger places, but in the smaller towns as well. I recall men at Carroll, Sheldon, Waverly, Cresco, Centerville, Cherokee, Fort Dodge, Independence, and in hundreds of other like towns in Iowa. No mistake will be made in referring cases to any of these men. Yet none assumes to be "the best man."

Every family physician knows a dozen good surgeons, any of whom will do excellent work. Scores of these good surgeons are dividing the fee. It is the rule and not the exception that some consideration is returned to the man who refers the case. This is usually given under some other title which does not grate upon the ear like the word "fee splitting," but it is fee splitting just the same. It is conceded by our critic from Clinton that fee splitting exists in Clinton, DeWitt and Cedar Rapids, and I personally know that it is done in every county in Iowa.

It is this general custom that is being practiced, and often strenuously denied, with which we have to deal. We sincerely believe that the only way to meet it is to recognize it and deal with it openly and in an honorable manner. Denying a thing we all know exists, and exists generally, and abusing those who defend a common practice, does not in any manner assist toward its solution.

I find in going over the literature that has been produced since I read my paper a few weeks ago that the positions taken by me were incorrect. I now find that these writers make it clear that the medical profession is not honest; the family physician is a rogue, looking for a chance to sell his patient to the highest bidder; the surgeon, outside the "best man," is a butcher and a thief who merely excises the sick

man's purse. As one correspondent from my own city puts it—incises merely to get the fee!

This recent interpretation of the medical profession is the antithesis of my own. I may be in error, but I would rather be wrong and think of my profession as honest, honorable and upright, than to be right and think ill of it.

It is asserted that the family physician cannot be trusted if there is anything in the operation for him.

Is the surgeon made of any better stuff than the physician? Will he not operate just to get the fee, and will he not do it just twice as quick when all the fee goes to him? Eliminating the family physician does not mend the conscience of the surgeon. Yet the editorial writer in the Journal of the Iowa Medical Society, says, "We think it clear that the family physician will be eliminated when it comes to special things, and the patient will make his own arrangements with the specialist."

And this brings us directly to the point at issue.

Whose patient is it? Who controls the patient, the family physician or the surgeon?

In every case, and always, the family physician. And he always will.

The specialist is the assistant of the family physician and not the family physician the assistant of the surgeon or specialist. The specialist depends wholly upon the family physician and the family physician not at all upon the specialist.

As a former president of the Iowa State Medical Society puts it: "I am the family physician. My patient must be operated on. I know it is needed, but I do not operate. I know a number of good surgeons—good mechanics—any of whom will do equally good work. It is purely a mechanical piece of work, just as an expert job of plumbing would be. I call up one of these men and his terms do not suit me. I call another and we agree. Now, remember, these men are all first class. I know the good men and I keep among them. It is my patient and I am responsible for results."

Now, is this an impossible proposition? Say the patient is at Le Mars. Besides the profession at Le Mars there are four or five, and perhaps more, surgeons in Sioux City, that are as closely matched as so many peas. Then Cherokee, Sheldon, Carroll and a number of other towns can supply good men, all within calling distance of the patient.

The problem is a difficult one. Throwing bricks and calling names are not going to solve it. Unless we are broad enough to concede that both sides are honest and are struggling to get an honorable and fair solution of the question, a solution which applies to all, we will continue the brawl until the public steps in and, through legislative action, settles a matter in our profession which we ourselves have not had breadth of mind sufficient to settle.

A circular letter recently sent out for the purpose of ascertaining the sentiment of the Iowa profession on the subject of fee dividing greatly aroused the editor of the Journal of the Iowa State Medical Society.

It is perfectly useless to discuss fee splitting without knowing definitely where we are.

Two hundred letters were sent out into every part of Iowa, and while the proposition was not an open one, anyone could read between the lines. The result showed up as follows:

109 paid no attention to the letter.

24 suspected it was not genuine.

2 protested strongly against it.

65 accepted the plan.

Now these were all as good men as the Iowa profession affords. And all of them have been asked to assist us in retaining the advanced cases at home. It is perfectly useless to send us advanced cases for they will all die, no matter where they go. It is criminal to send them west among strangers, as they all die there. Keep this class of cases at home.

It may be safely concluded from the above replies that not less than one-half the profession in Iowa are not averse to fee division.

With such widespread sentiment on that side there seems to be but one thing to do, and that is to recognize it and deal with it openly and in a manner understood by all.

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### SOCIETY REPORTS.

#### BOONE

County Medical Society met February seventh to do honor to two of its oldest members.

Drs. G. D. Rowe of Boone, and J. H. Noyes of Ogden, are the pioneer members of the society, and the younger men took this opportunity to show their respects. A banquet and smoker attended by eighteen members of the society, furnished the incentive for some valuable reminiscences.

#### DES MOINES

County Medical Society, on February fourteenth held its monthly meeting in Burlington. The topic for discussion was diphtheria. The papers of the evening were by Drs. Wehman, LaForce and Tombaugh of Burlington, and Dr. C. F. Wahrer of Ft. Madison, and Dr. F. B. Dorsey of Keokuk.

Officers elected were: President, Dr. Chas. H. Magee; Secretary, Dr. Bertha Stecker McDavitt.

#### BUCHANAN

County Medical Society met in Independence, February tenth, with a large attendance, twenty of whom were from out of town. A banquet preceded the program. Dr. J. H. McGready acted as toastmaster. Dr. Alfred C. Crofton of Chicago, read the principal paper, and physicians from Dubuque and Waterloo helped with the program.

#### WEBSTER

County Society was favored, February twenty-third, by Dr. H. J. Pren-

tice of Iowa City, who lectured on "The Open Treatment of Fractures of the Long Bones."

On February twenty-seventh, Dr. E. D. Russell read a paper on "Corcinoma of the Liver."

On March fifth, Dr. A. L. Belt read the principle paper on "Abscess of the Liver;" while the program for March twelfth was given over to the discussion of tuberculosis, the paper of the evening being by Dr. J. W. Kime on "Tuberculin in Diagnosis and Treatment."

The program of the Society is made out to May twenty-first, and the members are taking great interest in society work.

#### JACKSON

County Medical Society at its February meeting elected officers as follows: President, L. B. Carson; Vice-President, William Louder; Secretary-Treasurer, Rose Louder; Delegate, A. B. Bowen.

#### WATERLOO

Medical Society at a meeting February seventh, discussed plans for club rooms. Dr. C. M. Wray read a paper on "Gastric Ulcer," which was freely discussed. Dr. E. J. Waddey had for his subject, "Infections Now and Twenty Years Ago." It elicited an unusual amount of interest. Dr. W. H. Shirley was elected President, and J. R. Allen, Secretary-Treasurer.

On account of the Iowa State Medical Society having set a date a few weeks ago to hold its state convention at Burlington, the same week the Democratic state convention was to be held there, the Democratic state central committee has changed the date of the state convention to meet one week later, Thursday, May 16. It would never do for a Democratic convention to be held at the same place and time as a medical convention. Charley Miller of Waverly might want to attend the Democratic convention.

—From the Pocahontas Democrat.

#### MISSOURI VALLEY.

March 21-23. Meeting place and headquarters at Hotel Colfax

Officers: J. M. Bell, St. Joseph, President; Chas. Wood Fassett, St. Joseph, Secretary.

Program committee: Chas. Wood Fassett, St. Joseph; A. C. Stokes, Omaha; S. G. Burnett, Kansas City; Granville N. Ryan, Des Moines.

Committee on Arrangements: Granville N. Ryan, chairman. Des Moines, for Polk County Medical Society; A. P. Stoner, Robt. G. Davis, Daniel Glomset, J. V. Strawn.

#### CLINICS.

##### Evening Sessions.

On account of the large number of excellent papers on our program, it will in all probability be necessary to have two evening sessions. The profession of Des Moines has therefore planned a series of Clinics for Saturday, March 23, which will be most interesting. We trust all members will make arrangements to remain over Sunday at the Springs.

##### Program of Clinics.

Surgical Clinic, Mercy Hospital, 8:30 a. m., as follows :

Genito Urinary clinic, by Dr. R. A. Weston.

Orthopedic Surgery clinic, by Dr. Arthur Steindler.

Surgical clinics, by Drs. Minnassian, Stoner, McCarthy and Rockefeller.

Luncheon at the Hotel Randolph, Fourth and Court avenue, tendered by the physicians of Des Moines.

Medical clinic, 2 p. m. at the Methodist Hospital, by Drs. James Taggart Priestley and Walter L. Bierring.

Dance at Hotel Colfax, Saturday night.

### Program.

Thursday, First Day, 9:30 a. m.

### ORDER OF BUSINESS.

Registering and payment of dues.

Called to order by Dr. Granville N. Ryan, Chairman of Committee on Arrangements.

Address of Welcome, Dr. L. W. Littig, President Iowa State Medical Society.

Response, Dr. W. L. Bierring, President Polk County Medical Society.

Reading of minutes of last meeting.

Report of Committee on Credentials.

Report of Judicial Committee.

Election of New Members.

Announcements.

Presentation of Papers.

(Note—The reading of Papers will begin immediately after this short business session.)

First Day, Thursday, 10 a. m.

### PRESENTATION OF PAPERS.

1. H. B. Lemere - - - - - Omaha  
Surgical Condition of the Nasal Septum.
2. J. C. Waterman, - - - - - Council Bluffs  
Physical Methods of Treatment in Gastric Disorders.
3. W. O. Bridges, - - - - - Omaha  
Typhoid Spine, with report of cases.
4. Donald Macrae, Jr., - - - - - Council Bluffs  
Caesarean Section for Placenta Previa.
5. Walter L. Bierring, - - - - - Des Moines  
The Early and Late Diagnosis of Gastric Carcinoma.
6. Palmer Findley - - - - - Omaha  
Puerperal Thrombo-Phlebitis (Exhibition of Specimen)

Afternoon Session, 1:30 o'clock.

7. SYMPOSIUM ON DISEASES OF THE KIDNEY. //
- (a) Robert R. Hollister - - - - - Omaha  
Some Recent Advances in Diagnosis of Kidney Diseases.
- (b) Daniel Eisendrath - - - - - Chicago  
Malformations of the Kidney.
- (c) W. T. Elam - - - - - St. Joseph  
Haematuria of the Kidney.
- (d) A. C. Stokes - - - - - Omaha  
Surgical Kidney.
- (e) Lewis Wine Bremerman - - - - - Chicago  
Tuberculosis of the Kidney.
- (f) Ernest G. Mark - - - - - Kansas City  
The Cystoscopic Study of Renal Tuberculosis, Illustrated with  
Lantern Slides.
- (g) Bransford Lewis - - - - - St. Louis  
Lantern Slide Illustrations of Cystocopy and of Vesical, Ureteral  
and Renal Surgical Conditions.

8. Arthur E. Hertzler, - - - - - Kansas City  
Carcinoma of the Breast, with Lantern Slide Demonstrations.  
Evening Session, 7:30 o'clock.
- T. D. Crothers, - - - - - Hartford, Conn.  
The Relation of the Doctor to the Alcoholic Question.
- J. O. Cobb, - - - - - Chicago  
Surgeon U. S. Public Health and Marine Hospital Service.  
The Motive Power of Modern Progress; or the People and  
Public Health.  
Second Day, Friday, 9:30 a. m.
9. W. B. Kern, - - - - - Ingleside, Neb.  
Incipient Neuroses and Psychosis.
10. O. B. Campbell - - - - - St. Joseph, Mo.  
Surgery of the Stomach with Special Reference to Gastrojejunostomy.
11. Arthur Steindler, - - - - - Des Moines  
Athritis Deformans and Rheumatoid Arthritis.
12. Jno E. Summers, - - - - - Omaha  
Transpleural Incisions in the Treatment of Surgical Affections  
of the dome of the liver, sub-diaphragmatic abscess, traumatic and inflammatory conditions within the thoracic  
cavities. Report of a case of Hydatids of the dome  
of liver successfully operated by the  
Transpleural route.
13. Wm. Jepson, - - - - - Sioux City  
Title Unannounced.
14. R. A. Weston, - - - - - Des Moines  
Title Unannounced.
15. W. F. Waugh, - - - - - Chicago  
Longevity. - - - - -  
Abstract: The specialty most essential and most neglected; the sum of  
all others; pointing to prevention of disease as the medical art of the  
future; the necessary rearrangement of our relations with the people;  
the great obstacle being the innate conservatism of the profession; the  
advantages of a new alignment.
16. SYMPOSIUM ON MIGRANE.
- (a) A. L. Skoog, - - - - - Kansas City  
Migrane—The Pathology.
- (b) S. Grover Burnett, - - - - - Kansas City  
A Clinical Study of the Family Tree Transcendency,  
Lantern Illustrations.
17. Daniel Morton, - - - - - St. Joseph  
A Plea for the Establishment of Research and Clinical Laboratories  
in the Cities of the Missouri Valley.  
Afternoon Session, 1:30 o'clock.
18. SYMPOSIUM ON TUBERCULOSIS
- (a) C. N. O. Leir, - - - - - Des Moines  
The Electro-therapeutic Treatment of Tuberculosis.
- (b) Granville N. Ryan, Chas. Ryan and D. G. Mendenhall - Des Moines  
Further Observations of Cases of Tuberculosis Treated with  
Carl Spengler's Immune Blood.
- (c) Rev. A. E. Kepford, State Lecturer on Tuberculosis.  
The Economic Waste from Disability and Death due to  
Preventable Diseases.
- (d) John H. Peck, - - - - - Des Moines  
The Tuberculosis Dispensary.
- (e) J. W. Kime, - - - - - Ft. Dodge  
The Present Status of Tuberculosis in Iowa.

19. D. C. Bryant, - - - - - Omaha  
Medical Conditions in India.
20. W. H. Orr, - - - - - Lincoln  
The Prevention and Treatment of Deformities of the Chest  
(Stereopticon slides).
21. John P. Lord, - - - - - Omaha  
Peritonitis from Pulmonary Abscess; Complications.
22. H. M. McClanahan, - - - - - Omaha  
The Importance of Mixed Feeding.
23. Percy R. Wood, - - - - - Marshalltown  
The Cause and Consequences of Visual Malfunctions.
24. J. M. Dunsmore, - - - - - St. Joseph  
Differential Diagnosis of Spinal Diseases, in which Ataxia  
is a prominent Symptom.  
Saturday, Third Day.  
Clinics in Des Moines, beginning 8:30 a. m.

### BOOK REVIEWS.

#### PRACTICAL MEDICINE SERIES.

Comprising ten volumes on the year's progress in Medicine and Surgery, under the General Editorial charge of GUSTAVUS P. HEAD, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School, and CHARLES L. MIX, A. M., M. D., Professor of Physical Diagnosis in the Northwestern Medical School. The Year Book Publishers, Chicago. Price of the Series, \$10.00. Single Volumes, \$1.25.

#### VOLUMES IX AND X.

##### VOLUME IX.

Skin and Venereal Diseases and miscellaneous, under the supervision of W. L. BAUM and H. N. MOYER.

The literature of the past year is carefully reviewed. It is noticeable how little interest is shown in the use of 606 in the treatment of syphilis.

Moyer has a very readable review of early medicine and social abuses and speaks freely of the cause of degeneracy and social laxity.

##### VOLUME X.

Nervous and mental diseases is reviewed by H. T. PATRIC and covers the field of advancement and case reports for the year. Those knowing Dr. Patric will appreciate the work.

W. B. Saunders Company have just issued a new (16) edition of their illustrated catalog which describes some forty new books and new editions published by them since the issuance of the former edition. It also contains an illustration and description of Saunders' new building, now being erected on Washington Square, Philadelphia's new publishing center. Catalog free by addressing W. B. Saunders Company, 925 Walnut street, Philadelphia.

Blair's Pocket Therapeutics: A Practitioner's Handbook of Medical Treatment. By Thomas S. Blair, M. D., Neurologist to Harrisburg, Pa., Hospital; Author of "A System of Public Hygiene." "Blair's Practitioner's Handbook of Materia Medica," Member of the Harrisburg Academy of Medicine, American Medical Association, etc.; 373 pages, special Bible paper; bound in limp leather; price, \$2.00. Published by The Medical Council Co., Forty-second and Chestnut streets, Philadelphia, Pa.

Condensed, intelligent discussion of the best methods of treatment.

The Taylor Pocket Case Record: By J. J. Taylor, M. D., 252 pages, tough bond paper; red limp leather; \$1.00. Published by The Medical Council Co., Forty-second and Chestnut streets, Philadelphia, Pa.

The object of this book is to encourage more accurate observation and study of cases by supplying a convenient form for a condensed record of each important case, in pocket size, so that the practitioner can have it always with him.

The blank for the first thorough examination diagnosis and treatment is followed by spaces for sixteen subsequent visits.

The book provides for 120 cases.

### THE PHYSIOLOGY OF FAITH AND FEAR.

The mind in health and disease, by WILLIAM S. SADLER, M. D., Professor of Physiologic Therapeutics, the Post Graduate Medical School of Chicago; Director of the Chicago Institute of Physiologic Therapeutics; etc. A. C. McClurg & Co., Publishers, Chicago. Price, \$1.50.

Dr. William S. Stadler, in his treatment of the mind in health and disease has offered a field of study for the psychologist.

Many material chapters are given regarding the mind and its functions.

Conditions of the mental state depend on circumstances and environment. The lack of logical conclusions and the inability to appreciate the circumstances lead to mental fatigue and loss of mental energy.

The person who embraces religion instead of Christianity has made a mistake in mental conclusions.

Speaking of character, he says; "Character is the real individual, it is the grand sum of intellectual operations, moral aspirations, and physical performances. It is the finished material picture of the invisible mental painter."

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### NEUROLOGICAL MEETING.

The West Side Branch of the Chicago Medical Society have planned a meeting of Ailnists and Neuralogists, for April 17, 18, and 19, 1912. There will be a large number of prominent men present and much good should result from the meeting.

Look at the program:

Dr. Henry A. Cotton, Trenton, N. J., "Heredity" with charts of from two to four hundred cases that his Asylum has investigated. Dr. T. B. Throckmorton, Cherokee, Iowa, "Clinical Significance of Reflexes." Dr. H. A. Tomlinson, St. Peter, Minn., on "Mental Depression." Dr. W. F. Lorenz, Mendota, Wis., on "Chemical and Cytologic findings of the Blood and Spinal Fluids." Dr. K. S. West, Cleveland, Ohio, "Clinical reports of one hundred cases of Paresis and Serologic findings." Dr. Fred W. Terflinger, Logansport, Indiana, Subject not received. Dr. Sidney I. Schwab, St. Louis, Missouri, "Abnormal States in Otherwise Normal Individuals." Dr. David F. Weeks, Skillman, New Jersey, Title of paper not received. Dr. H. M. Cary, Pennhurst, Pennsylvania, "Feeble Minded and Epileptic." Dr. H. P. Sights,

Hopkinsville, Kentucky, "Infectious Psychoses." Dr. J. L. Green, Little Rock, Arkansas, Title of paper not received. Dr. W. L. Treadway, Jacksonville, Illinois, "The Presenile Psychoses." Dr. C. H. Anderson; Menard, Illinois, on "Criminal Insanity." Dr. Wm. Healy, Winnetka, Illinois, on "Some Causative Factors of Criminality found in Mental and Nervous Conditions." Drs. Singer, Norbury, Read, Pollock, and Dr. Clara Town, of the State of Illinois have promised papers. President, Dr. W. L. Mefford, 2159 Madison street, Chicago, Illinois.

### MEDICAL NEWS NOTES.

- Dr. C. W. Hine of Stanton is in Lonoke, Arkansas.  
 Dr. Rosy Benton has opened offices at Rockwell City.  
 The new hospital at Washington is nearing completion.  
 Dr. Doty of Elgin, Illinois, has located at Beamen, Iowa.  
 Dr. F. J. Coleman of Hartley, spent February in Mississippi.  
 Dr. C. C. Shope of Des Moines has returned from the south.  
 Dr. C. L. Jones formerly of Shenandoah is now located at Gilmore City.  
 Dr. Harold Bailey has returned from a prolonged visit in Oklahoma.  
 Dr. J. W. Elerick of Ottumwa, is recovering from an attack of erysipelas.  
 Dr. I. M. Maxwell of Seymour, has located in Excelsior Springs, Missouri.  
 Dr. J. D. Inger has been reported dangerously ill at his home in Waverly.  
 Dr. C. H. Cretzmeyer of Algona, is the proud possessor of a very fine X-Ray machine.  
 Dr. J. M. Ristine and wife of Cedar Rapids, left recently for Brownsville, Texas.  
 Dr. F. C. Carle of Garrison, is the owner of a very fine, new suite of office rooms.  
 Dr. D. W. Smouse of Des Moines, has returned from his trip through the southwest.  
 Dr. B. J. Palmer and party of Davenport, have returned from an extended southern trip.  
 Dr. J. W. Lauder of Afton, has announced himself republican candidate for state senator.  
 Spencer, Iowa, boasts of a new hospital to be ready to receive patients in the near future.  
 Property has been purchased in Sioux City for the purpose of building a detention hospital.  
 Drs. C. W. Harned and Augustus Sinning formerly of Iowa City are now located at Davenport.  
 Dr. E. S. Bourroughs of Marshalltown, has been spending the winter in Shreveport, Louisiana.  
 Dr. and Mrs. A. M. Sherman of Grinnell, have returned from their winter's stay in California.  
 Dr. E. J. Wehman of Burlington, gave the city teachers a talk on health topics on February 11.  
 Dr. and Mrs. A. H. Johnson of Cedar Rapids are spending several weeks in Los Angeles, California.  
 Dr. and Mrs. W. F. David of Marshalltown, have returned from their winter's sojourn in California.